

**MEXBOROUGH URBAN DISTRICT
COUNCIL**

REPORT

on the

HEALTH OF THE DISTRICT

DURING THE YEAR ENDING DECEMBER 31st

1949

by

Dr. JOHN LEIPER, M.B.E.

Medical Officer of Health

together with the

REPORT

of the

Chief Sanitary Inspector

Mr. H. BREARLEY

MEXBOROUGH URBAN DISTRICT COUNCIL

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Mr. H. BREARLEY, Cert.S.I.B., M.S.I.A.

Cert. Insp. of Meat and other Foods.

Additional Sanitary Inspector :

Mr. A. MILLTHORPE, Cert.S.I.B., M.R.S.I., M.S.I.A.,

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MEXBOROUGH URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health for the Year Ended 31st December, 1949



Divisional Public Health Office,
Council Offices,
Adwick Road,
Mexborough.

Mr. Chairman and Gentlemen,

I have the honour to present my Annual Report for the year 1949, and as it represents a great step forward in executive social medicine, I find this a pleasant duty.

This year, for the first time, the Report includes a brief synopsis of the work carried out as the Divisional Medical Officer on behalf of the Local Health Authority, and this has been done in order that a fuller impression of the broad picture of the Public Health work carried out in the District may be obtained. I wish to emphasise the point that Community Health depends not only upon environmental factors such as atmospheric pollution, housing standards, overcrowding, cleanliness in the preparation and sale of food, and many other matters which concern you intimately, but also the medical care and welfare of the individuals in the community, which I am glad to say has made remarkable strides forward during the year under review.

During the whole of the year, the integration of the environmental work, represented in the main by the great volume of visiting carried out by the Sanitary Department, with the Personal Health Services, has been well maintained.

The main objects of my work during the year have been to control the wastage of infants, and in this matter success has attended our efforts, mainly through the fine work carried out by my colleagues in general practice, the midwives,* and Dr. J. C. A. Renshaw, in the Local Health Authority's clinics and the Regional Hospital Board's Maternity Unit. Child birth in this area is safer than ever before, both to the mother and her child. How well have our mothers done in their own care and the care of their children can be seen in the Report, and they should be congratulated on their fine achievement.

The team of Health Visitors, Midwives, and Home Nurses have carried out most valuable work in their respective spheres of Community Health and Welfare, and I look forward confidently to a continued betterment in all the statistics of your District.

Many statements have been made about the tripartite nature of the National Health Service Act and how medicine is now divided into three compartments—the Regional Hospital Board, the Executive Council, and the Local Health Authority. In your District I am glad to say that easy working between the Public Health Department and various bodies has been the constant rule, although there can be no doubt that, particularly in matters dealing with Maternity and Child Welfare, and the Health of the School Child, there is a possibility of “too many cooks spoiling the broth.”

Mutual help between the Department and my colleagues in general practice has been an every day occurrence and I look forward to a further strengthening of the link by the advent of Health Centres.

Relations with the Rotherham and Mexborough Hospital Management Committee have been very cordial, and the fact that a smooth running scheme for the care and after care of the sick at the Montagu Hospital, Mexborough, had been in existence for seven months at the end of the year, shows that the co-operation between this Hospital, the General Practitioners, and the West Riding County Council, which has been strongly marked in the past, was still flourishing.

I have been impressed strongly by the preventive aspect of disease that is constantly in the mind of the busy General Practitioners in your District.

An increase in the amount of advice and propaganda on Health Education has been noticeable at all the five clinics in the Division, and I expect this to be increased as the years go by, and I feel sure that this will bring rich dividends in the health of the community.

The main environmental difficulty in regard to Community Health in Mexborough continues to be the amount of sub-standard property, a considerable amount of which is overcrowded. Also, another hazard is the heavily polluted atmosphere of this industrial town, although improvement has taken place during the year.

I wish to thank the members of the Council for their interest in Public Health matters and their support which I have greatly appreciated.

A slow, but marked improvement in the hygiene standards of the preparation and sale of food has been shown in the Township over the past year.

It has been a pleasure for me to work during the year with the Sanitary Department, under the able guidance of Mr. H. Brearley, your Chief Sanitary Inspector, and I also wish to thank Mr. S. H. E. Crane, Clerk of the Council and all the Officials of the Mexborough Urban District Council for their co-operation and help; also to my Senior Clerk and staff for the ungrudging manner in which they have so well carried out their duties during the year.

I remain,

Mr. Chairman and Gentlemen,

Your obedient Servant,

JOHN LEIPER,

M.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.,

Medical Officer of Health.

SECTION A.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	1,451
Registrar General's estimate of Resident Population	
Mid 1949	19,270
Number of inhabited houses (31st December, 1949) ...	5,134
Rateable Value	£77,445
Net Product of a Penny Rate	£282
Height above sea level (in feet)	50—250
Rainfall for year (in inches)	29.58
Number of days on which rain fell	133
Mean Temperature	52.75

Mexborough is a compact market town of 1,451 acres, with a population of nearly 20,000, and fringed with collieries, and is situated centrally in the heart of industrial South Yorkshire. It is built for the most part on sandstone and gradually rising ground on the north side of the river Don which forms the southern boundary of the Urban District. The chief occupations are Mining, Engineering and Printing, and during the year there has been a minimal amount of unemployment. Various firms of a light industrial nature, viz., manufacture of scissors, umbrella frames, cardboard boxes, overalls, and cloth repairing are now established in the town. In the main these firms use female labour.

VITAL STATISTICS FOR 1949.

	Males	Females	Total
Live Births : Legitimate	169	174	343
Illegitimate	15	10	25
	<hr/> 184	<hr/> 184	<hr/> 368
Stillbirths	4	5	9
Deaths of Infants under 1 year	9	8	17
Deaths (all ages)	116	73	189
Birth Rate per 1,000 of the estimated resident population			19.1
Stillbirths—Rate per 1,000 Births (Live and Still)			23.8
Crude Death Rate per 1,000 estimated population			9.8
Adjusted Figure (comparability figure 1.18)			11.6

Deaths from Puerperal Causes.

	Deaths	Death rate per 1,000 total (live and still) Births
Puerperal and post-abortive sepsis...	Nil	Nil
Other Maternal causes	Nil	Nil
	<hr/> Nil <hr/>	<hr/> Nil <hr/>

Death-rate of Infants under One Year of Age.

All infants per 1,000 live births	46.19
Legitimate infants per 1,000 legitimate live births ..	46.6
Illegitimate infants per 1,000 illegitimate live births ...	40.0

Deaths from :

Cancer (all ages)	29
Measles (all ages)	Nil
Whooping Cough (all ages)	Nil
Diarrhoea (under 2 years of age)	3
Pulmonary Tuberculosis (all ages)	13
Other forms of Tuberculosis (all ages)	Nil

Deaths from all causes during 1949 :

	Males	Females
1. Typhoid and Paratyphoid Fevers	—	—
2. Cerebro-Spinal Fever	—	—
3. Scarlet Fever	—	—
4. Whooping Cough	—	—
5. Diphtheria	—	—
6. Tuberculosis of Respiratory System	8	5
7. Other forms of Tuberculosis	—	—
8. Syphilitic Diseases	—	—
9. Influenza	1	—
10. Measles	—	—
11. Acute Poliomyelitis	—	—
12. Acute Infective Encephalitis	1	—
13. Cancer of Buccal Cavity and Oesophagus (m) and Uterus (f)	1	2
14. Cancer of Stomach and Duodenum	4	—
15. Cancer of Breast	—	2
16. Cancer of all other sites	12	8
17. Diabetes	1	—
18. Intracranial Vascular Lesions	6	9
19. Heart Disease	26	22
20. Other Diseases of Circulatory System	1	1
21. Bronchitis	16	5
22. Pneumonia	7	1
23. Other Respiratory Diseases	2	1

24.	Ulcer of Stomach or Duodenum	...	...	...	1	—
25.	Diarrhoea (under 2 years)	...	...	...	1	2
26.	Appendicitis	...	...	...	—	—
27.	Other Digestive Diseases	...	...	...	5	—
28.	Nephritis	...	...	...	5	—
29.	Puerperal and Post-Abortive Sepsis	...	...	...	—	—
30.	Other Maternal Causes	...	...	...	—	—
31.	Premature Birth	...	...	...	2	3
32.	Congenital Malformations, Birth Injuries, etc.	...	...	...	3	2
33.	Suicide	...	...	...	3	1
34.	Road Traffic Accidents	...	...	...	—	—
35.	Other Violent Causes	...	...	...	2	—
36.	All Other Causes	...	...	...	8	9
					116	73

A comparison of the various rates in your District as against England and Wales, the 126 County Boroughs, etc., and the 148 smaller towns is shown in the Divisional Report attached as an appendix to this report.

Infant Mortality Rate.

In all, 17 children under one year of age died during the year when 368 births were recorded, representing a rate of 46.2 deaths per 1,000 live births (England and Wales rate—32). The figure for your District for 1948 was 53 per 1,000 live births. Last year there were 19 infant deaths and the slight betterment is due to an improvement during the period of infant life from one month to one year of age.

I expect this important rate to drop rapidly during the next two years as the preventive medical team centred upon the Ante-Natal and Child Welfare Clinic becomes more effective.

Prematurity continues to be the most important cause of death in infants. To put this matter right depends upon the use of facilities available in the home for the nursing of these babies, and ultimately the prevention of expectant mothers going into premature labour. This can be done only by means of more Ante-Natal care at the Doctor's Surgery or Clinic, and more domiciliary Ante-Natal visits carried out by the Domiciliary Midwife.

By the end of the year a good start had been made in the home visitation of priority groups of expectant mothers before the birth of the child by the Midwife, and after the birth, by the Health Visitor.

Of the 17 infants who died under 1 year of age during the year, the following tables give the causes of death and also the age at death :—

Infants under 1 Year of Age, 1949.

	Age at Death								
Cause of Death	Weeks				Months				Total
	Un- der 1	1-2	2-3	3-4	1-3	3-6	6-9	9-12	
Prematurity	4	1	—	—	—	—	—	—	5
Broncho-pneumonia and Pneumonia ...	—	—	—	—	1	—	2	—	3
Pneumococcal Mening- itis	—	—	—	1	—	—	—	—	1
Gastro-enteritis ...	—	—	—	—	—	1	1	—	2
Lobar Pneumonia ...	—	—	—	—	—	—	1	—	1
Congenital Malforma- tions	2	1	—	—	—	—	—	—	3
Atelectasis	1	1	—	—	—	—	—	—	2

The seventeen infant deaths occurred during the following months of the year :—

January	4	First Quarter
February	3	7
March	—	
April	1	2nd Quarter
May	1	3
June	1	
July	1	3rd Quarter
August	1	5
September	3	
October	1	4th Quarter
November	—	2
December	1	

Maternal Deaths.

There were no maternal deaths during the year, which is the first without a maternal death for 3 years.

SECTION B.

- (1) **General Provision of Health Services for the Area.**
- (2) **Mental Health Service.**
- (3) **Maternity and Child Welfare Services.**
- (4) **Section 47 of National Assistance Act.**

A comprehensive survey of the above services are detailed in the Divisional Report appended to this Report.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

The main difficulty arising out of the Housing problem continues to be the control of conditions under which various families are living in overcrowded sub-standard property. I think that the position has slowly improved during the year in the worst properties, but socio-medical conditions are likely to deteriorate somewhat in the next few years at the present rate of demolition and rehousing. The problem of the families squatting in disused Nissen Huts in Highwoods Road was alleviated by the end of the year.

Water Supply.

The Town Water supply is derived from a borehole at the Waterworks, Pitt Street, Mexborough, and from Ludwell Springs, about two miles to the North East of Mexborough, which deliver by gravitation to these works. Twenty-seven samples have been taken for bacteriological testing during the year, and of these, twenty-three were placed in Class I, one in Class III and three in Class IV. The works have been maintained satisfactorily in all respects during the year.

Sewage Disposal.

The works, working to capacity, have been satisfactorily maintained during the year and no complaints about the final effluent have been received from the West Riding Rivers Board.

SECTION F.

(i) Prevalence and Control over Infectious and other Diseases.

With the exception of Measles, I have pleasure in reporting that your District had a very small number of cases of notified diseases during the year. A heavy Measles outbreak which increased the cases from 140 during 1948 to 240 during 1949, occurred mainly in the months of January and February. It finally receded completely by April, and very few cases were reported from then to the end of the year. Scarlet Fever cases

numbered only 14, a reduction of 18 from the figure for 1948, and no deaths resulted from Measles, Whooping Cough, or Scarlet Fever. Six suspected cases of Diphtheria were notified but final diagnosis showed that none were in fact confirmed as Diphtheria. In general I am convinced that the town is relatively free from infectious disease bearing in mind its size and density of population.

An Immunisation Scheme was organised for the schools in Mexborough, and also in the Child Welfare Centre, and the number of children immunised in 1949 were as follows :—

Under 5 years	...	...	...	303
5 to 14 years	...	...	...	261
Booster Doses	...	...	...	665

In spite of this large increase in primary immunisations and booster doses, the percentage of children immunised is still not satisfactory, and further efforts are to be made during the current year to increase this percentage by all possible means.

A complete table of statistics relating to Diphtheria Immunisation and Vaccination for the year ended 31st December, 1949, can be found in the Divisional Report under the Section "Vaccination and Immunisation."

One case of acute Polioencephalitis was notified and subsequently confirmed. This was a male aged 19 years employed as a Colliery Clerk. This case has now recovered, and I am pleased to report that there is no residual paralysis.

The efficiency of combined Pertussis-Diphtheria antigen is still being investigated, and controlled field trials of various vaccines are still taking place throughout the country.

INFECTIOUS DISEASES 1949.

Notifiable Diseases (Other than Tuberculosis) During 1949.

Disease	Total Cases Notified	Cases Admitted to Hospital	Deaths
Measles	240	2	—
Whooping Cough	11	—	—
Scarlet Fever	14	11	—
Diphtheria	6*	6	—
Dysentery	1	1	—
Puerperal Pyrexia	3	2	—
Pneumonia	25	1	8
Acute Polioencephalitis	1†	1	—
Erysipelas	2	—	—
Cerebro-spinal Fever	2	2	—
† 1 confirmed.		* Nil confirmed.	

INFECTIOUS DISEASES 1949.

Age Distribution.

Age		Scarlet Fever	Diphtheria	Pneumonia	Measles	Whooping Cough	Acute Polio-encephalitis	Erysipelas	Cerebro Spinal Fever
Under 1	...	—	—	3	13	1	—	—	1
1—2	...	1	—	2	24	1	—	—	—
2—3	...	1	—	1	37	1	—	—	—
3—4	...	1	—	—	38	3	—	—	—
4—5	...	—	—	—	53	2	—	—	—
5—10	...	8	—	2	72	3	—	—	—
10—15	...	2	—	2	1	—	—	—	—
15—25	...	—	—	—	1	—	1	—	—
25—45	...	1	—	6	1	—	—	—	—
45—65	...	—	—	7	—	—	—	2	—
65 and over	...	—	—	2	—	—	—	—	—
Total	...	14	—	25	240	11	1	2	1

(ii) Tuberculosis.

New cases of Pulmonary Tuberculosis number 29 as compared with 23 last year, and show an increase of the disease in the male age groups, as will be seen from the Table shown at the end of this paragraph. The statistics show, and I am being reminded fairly constantly by the Consultant, that this Divisional Area as a whole is a black area. I am pleased to report that the follow-up on domiciliary cases has been carried out very well by the two Tuberculosis Health Visitors. Sputum cups have been obtained for domiciliary cases, and nine priority domiciliary cases of Pulmonary Tuberculosis have also been re-housed during the year through your District Council, whom I approached at the start of 1949 on this vital question of rehousing.

A focus infection was obviously at the Miners' Hostel, Mexborough, where there are about 500 E.V.W. and Irish miners passing through, and where eleven cases from this Hostel have been notified since I came to this Division in 1948. Arrangements were made for the whole of this Hostel personnel to be examined by Mass Radiography at Sheffield, and later at the Doncaster Railway Works. There were, however, a number of cases who would not travel so far. Arrangements were made for the Mass Radiography Unit at Sheffield to conduct a public survey in this area and they were accommodated at the Child

Welfare Centre at Mexborough. The survey was an outstanding success and a detailed synopsis of the results can be found in the Divisional Report under Section 28—Care and After Care—Prevention of Illness.

The Consultant Tuberculosis Officer, Dr. E. Ratner, would like a better Clinic, with available X-ray apparatus, than his present clinic in Church Street, Mexborough, which has no X-ray machine.

I feel that if the Regional Board were to erect a suitable prefabricated building adjacent to the Child Welfare premises, this would be advantageous, as it would link up with prevention rather than the treatment of this disease which is so prevalent here. The other possible site for his Clinic is adjacent to the Montagu Hospital.

At the time of writing there is still an excessive number of new cases being notified, and the only point on which I am satisfied is that there are fewer cases of blood stream tubercle occurring in children under five. This position will be better with the further advantage of B.C.G. vaccination, but the difficulty of immunisation of children with B.C.G. whilst separated from infection, looms high in the next few years.

TUBERCULOSIS.

New Cases and Mortality During 1949.

New Cases.

Age Periods Years			Pulmonary		Non-Pulmonary	
			M.	F.	M.	F.
0— 1	...	...	—	—	—	—
1— 5	...	...	1	1	1	—
6—15	...	...	2	—	—	—
16—25	...	...	3	1	—	—
26—35	...	...	8	2	—	—
36—45	...	...	4	—	—	—
46—55	...	...	2	—	—	—
56—65	...	...	4	—	—	—
66 and upwards	...	...	1	—	—	—
Totals	...	...	25	4	1	—

Deaths.

Age Periods Years			Pulmonary		Non-Pulmonary	
			M.	F.	M.	F.
0— 1	...	...	—	—	—	—
1— 5	...	...	—	—	—	1
6—15	...	...	1	—	—	—
16—25	...	...	2	1	—	—
26—35	...	...	—	1	—	—
36—45	...	...	1	2	—	—
46—55	...	...	—	—	—	—
56—65	...	...	2	—	—	—
66 and upwards	...	...	2	—	—	—
Totals	...	...	8	4	—	1

MEXBOROUGH URBAN DISTRICT COUNCIL

Annual Report of the Chief Sanitary Inspector for the Year Ending 31st December, 1949

To the Chairman and Members of the
Mexborough Urban District Council.

Mr. Chairman and Gentlemen,

I beg to submit my Annual Report on the work of the Sanitary Department during 1949.

Sanitary Inspections of the District.

A total of 4,899 inspections were made by the staff, and these were allocated as follows :—

Nature of Inspections.	No. of Inspections.
Factories	61
Bakehouses	17
Drainage	79
Offensive Trade	23
Common Lodging House	23
Temporary Dwellings	213
Rats and Mice	201
Shops	68
Infectious Diseases	23
Houses	3,764
Slaughter Houses	157
Ice Cream Premises	122
Restaurants	29
Cowsheds, Dairies and Milkshops	37
Smoke Inspections	10
Miscellaneous	72
	<hr/>
	4,899

Complaints.

503 complaints were received at the office and these were all given attention. Most of the complaints were in respect of repairs to houses, and informal action was taken in each case. Where informal action was found insufficient, formal action was started. At the end of the year, 7 complaints were outstanding

Housing.

Housing work continued to occupy most of the time of the department. Apart from emergency first-aid repairs, a policy of thorough overhaul and repair for the better type of houses was put into operation and Section 9, Housing Act, 1936, was used considerably, in precisely 23 cases. Altogether, repairs were carried out to a total of 589 houses.

The old type of sub-standard property still continued to be a menace in the district. Efforts were made to make this type of property watertight and weatherproof but it was found that certain defects like leaking roofs were re-appearing at frequent intervals. In truth, there is a certain amount of property which is worn out and of no further use. Action under Section 11 of the Housing Act, 1936, was taken in one case of a house which had been up for many hundreds of years and was becoming dangerous. The owners offered no appeal and a demolition order was made. It was decided to take demolition procedure in more cases and a sub-committee of the Council visited the old property in the town and after their report to the Council, it was agreed to take demolition action in 6 further cases, the tenants to be found alternative accommodation by the Council.

There are approximately between 300 and 400 houses in the area which should be dealt with urgently when clearance schemes can be again introduced. Most of these houses were represented for clearance in 1939, and owing to the war, have been left as black spots in the town. This figure is rapidly increasing as quite a lot of the old property is deteriorating pretty badly. It was found as this property was in the demolition class, only action could be taken under Section 93 of the Public Health Act, 1936. The Council made efforts to deal with the old sub-standard property but as alternative accommodation could only be offered for six families, only a very small fraction could thus be dealt with. Many owners of this type of property tried to dispose of it by sale but there were no offers.

This problem of worn-out dwellings has become a serious one, particularly as many of them are housing more than one family. There is a tendency to a slight rise in the population of the district and conditions at the present rate of progress, will in my opinion, tend to become worse in the next few years. In the meantime, the major work of this Department will have to be given to the very serious housing problems.

Total Number of houses inspected for defects (Public Health and Housing Acts)	623
Total Defects found	1,527
Total Defects remedied	1,469
Number of houses in the district	5,134

The defects remedied under the Public Health and Housing Acts were as follows :—

Chimneys repaired ...	71	Roofs repaired	222
Eaves gutters renewed ...	200	Walls repaired	32
Damp walls remedied ...	127	Windows repaired ...	67
Steps repaired	4	Handrails provided ...	4
Doors repaired	52	Plaster renewed	161
New sinks	23	New sink linings	4
Waste pipes renewed ...	23	New coppers	6
Range repairs	108	Firebacks renewed ...	18
Floors repaired	37	Choked drains released ...	66
New gullies	8	New manholes	1
Man-holes reconstructed	2	Smoke nuisances abated	3
Ventilation	1	Yard paving	31
Rainwater pipes renewed	98	Water closets repaired ...	67
New water closets ...	7	Water in cellars remedied	13
Drains reconstructed ...	10	New drains constructed ...	3

Total : 1,469.

Overcrowding.

I regret that it is impossible to give figures of overcrowding as, though efforts have been made to assess the overcrowding in the town, there has been a rapid increase, particularly in the smaller type of dwellings. 23 overcrowded cases were re-housed by the Council, who in their Housing Points Scheme, allow points for overcrowding.

Tents, Vans, Sheds.

Fortunately this problem has become almost non-existent. No camping grounds were licensed by the Council and apart from travelling show-people there was only one van remaining in the fair-ground throughout the year. No nuisance was caused.

Common Lodging Houses.

There is only one Common Lodging House in the town and its registration was renewed by the Council. 23 inspections were made and the house was found to be reasonably well kept. The inmates of this Common Lodging House consist of all males, most of them being elderly. The house is registered for 82 males and the number of inmates at one time varied from 45 to 50.

In cases of illness among the elderly inmates, efforts were made to remove them to hospital.

The old, unoccupied Common Lodging House in West Road, was purchased by a private individual, who arranged for its demolition.

Dirty and Verminous Premises.

Regular inspections for cleanliness were made and treatment was given to 89 houses for vermin infestation. 22 of these were Council-owned property. Inspections were also carried out of new tenants of Council houses before tenancy commenced. In cases of vermin infestations, no movement of tenants was allowed until a Certificate of Cleanliness was issued by the Department.

Joint inspections of homes were made by the Sanitary Inspectors and the N.S.P.C.C. and improvement in living conditions was shown in all cases. On behalf of the Council, I wish to pay tribute to the local officer of the N.S.P.C.C. for his energetic co-operation with the officers of the Department.

Weekly issues of insecticides and fumigants were made in cases of need.

Squatters.

There was a great improvement in the number of families squatting in the district. Only 4 families were left squatting in dilapidated nissen huts in Manvers Road, 5 families having obtained alternative accommodation. As soon as a hut was vacated, the Council staff immediately demolished it to prevent further squatting. General conditions at this site have not been too good and the families in occupation have shown a tendency to ignore hygiene. Constant damage was done to the pail closets supplied by the Council to this site. As the site will soon be needed for building purposes, it is presumed that in the near future, all the squatters will have found alternative accommodation.

Of the 5 families squatting in condemned property, only 2 remained. 2 families were given alternative accommodation by the Council and one family obtained a house privately. The other two cases, still in condemned property, carried out first-aid repairs in an endeavour to make the place habitable.

It would appear that the squatting practice is on the wane and it is hoped that alternative accommodation will be secured by all squatters soon.

Rodent Control.

Routine inspections and treatments were carried out throughout the year. 2 trained operators were used for this work in turn and particular attention was given to surveys of allotment premises. Maintenance treatments were also carried

out of Council-owned property, including the outfall and sewage works, the refuse tips and Council yards. Poisons used included zinc phosphide, arsenious oxide, red squill and barium carbonate.

It was found that with the decrease in the rat population in the area, there was an increase in the number of mice, particularly in food shop premises. It was found that blitz trapping was the most successful mode of disinfestation and altogether 54 premises were thus treated.

Premises inspected ...	...	...	...	123
Number infested and treated	...	...	...	98
Number of baiting points ...	...	...	...	827
Pre-baits laid	...	...	...	2,481
Post-baits showing infestation cleared	...	...	...	135
Rat bodies recovered	...	...	...	265

Atmospheric Pollution.

As a result of a deputation to the Minsitry of Fuel and Power in 1948, work commenced on the highering of the Electricity Generating Station Chimneys in March, 1949. The height of the two chimneys was doubled, i.e. from 125 feet to 250 feet, and this work took approximately 6 months to complete. The readings of the 6 lead peroxide instruments, situated in the immediate vicinity of the Power Station, showed a diminution in recordings of SO₂ in the atmosphere, though 2 other lead peroxide gauges, situated in the centre of the town, showed a slight increase. This was only to be expected as the greater height of the Power Station chimneys caused the sulphurous fumes to be more widely scattered and diluted before the fall to earth. Although there have been no complaints from the residents in the vicinity of the Power Station, my own personal view is that pollution of the atmosphere is still taking place although it is not so noticeable. Readings of the 8 lead peroxide instruments are being continued and the figures are sent month by month to the Department of Scientific and Industrial Research. The readings for 1949 are enclosed with this report.

Complaints were received during the year from residents at the northern end of the town about extensive emission of smoke from the Montagu Hospital and Miners' Hostel chimneys. Inspections were carried out of both these premises and alterations to both boiler plants were proposed. This work had been ordered to be carried out at the end of the year.

Extensive black smoke is frequently caused in the district by neighbouring colliery chimneys which are situated in adjoining urban districts. This matter will have to be considered very closely next year with a view to an approach to the National Coal Board.

Below are shown readings of the Lead Peroxide Gauges, showing the variations in sulphur pollution during the period under review :—

Wt. Ba SO₄.

Period	Station	Area Exposed in Sq. Cm.	In Sample (Mg.)	In Control (Mg.)	Due to Expos- ure (Mg.)	Wt. of SO ₃ collected Mg/100 sq. cm./day
Jan/49	Market Hall	99.0	353.0	3.0	350.0	3.92
	Sewage F'm (3)	97.3	497.0	3.0	494.0	5.62
	Water Tower	99.0	425.0	3.0	422.0	4.72
	No. 1	119.7	220.0	3.0	217.0	2.01
	No. 2	212.0	334.0	3.0	331.0	3.03
	No. 4	117.7	410.0	3.0	407.0	3.83
	No. 5	120.0	453.0	3.0	450.0	4.15
Feb/49	No. 6	119.7	342.0	3.0	339.0	3.14
	Market Hall	98.8	259.0	3.0	256.0	3.18
	Sewage Farm	99.0	433.0	3.0	430.0	5.33
	Water Tower	99.0	350.0	3.0	347.0	4.30
	Hanby No. 1	125.4	208.0	3.0	205.0	2.00
	Bailey 2	125.8	319.0	3.0	316.0	3.08
	Denaby 4	119.7	400.0	3.0	397.0	4.07
Mch/49	1st Y.E.P. 5	123.2	373.0	3.0	370.0	3.69
	2nd Y.E.P. 6	123.3	341.0	3.0	338.0	3.36
	Market Hall	99.8	166.0	3.0	163.0	1.81
	Sewage W'ks	102.5	248.0	3.0	245.0	2.65
	Water Tower	100.9	336.5	3.0	333.5	3.66
	Hanby 1	100.6	157.0	3.0	154.0	1.70
	Bailey 2	100.5	231.0	3.0	228.0	2.51
Apl/49	Denaby 4	102.0	175.0	3.0	172.5	1.87
	1st Y.E.P. 5	100.0	230.5	3.0	227.5	2.52
	2nd Y.E.P. 6	100.6	225.0	3.0	222.0	2.44
	Market Hall	99.8	179.0	8.0	171.0	2.03
	Sewage W'ks	98.5	439.0	8.0	431.0	5.18
	Water Tower	100.0	234.0	8.0	226.0	2.68
	Hanby 1	99.8	127.0	8.0	119.0	1.41
	Bailey 2	100.0	209.0	8.0	201.0	2.38
	Denaby 4	99.9	235.0	8.0	227.0	2.69
	1st Y.E.P. 5	98.0	352.0	8.0	344.0	4.16
	2nd Y.E.P. 6	100.0	230.0	8.0	222.0	2.63

Period	Station	Area Exposed in Sq. Cm.	In Sample (Mg.)	In Control (Mg.)	Due to Expos- ure (Mg.)	Wt. of SO ₃ collected Mg/100 sq. cm./day
May/49	Market Hall	100.5	158.0	8.0	150.0	1.60
	Sewage W'ks	100.0	345.0	8.0	337.0	3.62
	Water Tower	100.1	243.0	8.0	235.0	2.52
	Hanby 1	112.3	123.0	8.0	115.0	1.10
	Bailey 2	100.3	148.0	8.0	140.0	1.50
	Denaby 4	100.0	115.5	8.0	107.5	1.15
	1st Y.E.P. 5	100.3	167.5	8.0	159.5	1.71
	2nd Y.E.P. 6	99.8	175.5	8.0	167.5	1.80
June/49	Market Hall	105.8	138.0	8.0	130.0	1.41
	Sewage W'ks	99.8	154.0	8.0	146.0	1.67
	Water Tower	105.8	191.0	8.0	183.0	1.98
	Hanby 1	99.0	94.0	8.0	86.0	0.99
	Bailey 2	100.0	118.0	8.0	110.0	1.26
	Denaby 4	108.0	120.0	8.0	112.0	1.19
	1st Y.E.P. 5	106.9	163.0	8.0	155.0	1.66
	2nd Y.E.P. 6	106.0	138.0	8.0	130.0	1.40
July/49	Market Hall	100.9	144.0	7.0	137.0	1.50
	Sewage W'ks	101.7	158.0	7.0	137.0	1.66
	Water Tower	101.7	201.0	7.0	194.0	2.11
	Hanby 1	99.0	94.0	7.0	87.0	0.97
	Bailey 2	98.0	128.0	7.0	121.0	1.37
	Denaby 4	101.2	132.0	7.0	125.0	1.37
	1st Y.E.P. 5	97.9	126.0	7.0	119.0	1.35
	2nd Y.E.P. 6	99.0	129.0	7.0	122.0	1.36
Aug/49	Market Hall	101.7	185.0	7.0	178.0	1.94
	Sewage W'ks	98.0	123.0	7.0	116.0	1.31
	Water Tower	102.0	207.0	7.0	200.0	2.17
	Hanby 1	98.9	67.0	7.0	60.0	0.67
	Bailey 2	98.9	124.0	7.0	117.0	1.31
	1st Y.E.P. 5	98.4	107.5	7.0	100.5	1.13
	2nd Y.E.P. 6	100.7	148.5	7.0	141.5	1.56
	(Denaby Gauge Broken)					
Sept/49	Market Hall	101.0	142.0	7.0	135.0	1.53
	Sewage W'ks	100.0	121.0	7.0	114.0	1.30
	Water Tower	101.0	207.0	7.0	200.0	2.27
	Hanby 1	98.9	67.0	7.0	60.0	0.69
	Bailey 2	98.9	108.0	7.0	101.0	1.17
	Denaby 4	102.0	75.0	7.0	68.0	0.76
	1st Y.E.P. 5	100.7	101.0	7.0	94.0	1.07
	2nd Y.E.P. 6	97.0	135.0	7.0	128.0	1.51

Period	Station	Area Exposed in Sq. Cm.	In Sample (Mg.)	In Control (Mg.)	Due to Expos- ure (Mg.)	Wt. of SO ₃ collected Mg/100 sq. cm./day
Oct/49	Market Hall	98.4	289.0	10.0	279.0	3.14
	Sewage W'ks	99.0	220.0	10.0	210.0	2.35
	Water Tower	99.6	321.0	10.0	311.0	3.46
	Hanby 1	102.0	105.0	10.0	95.0	1.03
	Bailey 2	100.0	178.0	10.0	168.0	1.86
	Denaby 4	100.0	201.0	10.0	191.0	2.12
	1st Y.E.P. 5	100.6	172.0	10.0	162.0	1.78
	2nd Y.E.P. 6	99.6	211.0	10.0	201.0	2.24
Nov/49	Market Hall	98.4	267.0	10.0	257.0	2.99
	Sewage W'ks	100.0	233.0	10.0	223.0	2.55
	Water Tower	97.0	291.0	10.0	281.0	3.32
	Hanby 1	101.0	129.0	10.0	119.0	1.35
	Bailey 2	98.8	201.0	10.0	191.0	2.21
	Denaby 4	99.0	170.0	10.0	160.0	1.85
	1st Y.E.P. 5	97.5	173.0	10.0	163.0	1.91
	2nd Y.E.P. 6	95.7	219.0	10.0	209.0	2.50
Dec/49	Market Hall	99.4	282.0	10.0	272.0	3.03
	Sewage W'ks	100.0	230.0	10.0	220.0	2.44
	Water Tower	99.4	264.0	10.0	254.0	2.83
	Hanby 1	99.0	145.0	10.0	135.0	1.51
	Bailey 2	101.0	229.0	10.0	219.0	2.40
	Denaby 4	100.9	160.0	10.0	150.0	1.65
	1st Y.E.P. 5	98.4	210.0	10.0	200.0	2.25
	2nd Y.E.P. 6	97.0	224.0	10.0	214.0	2.45

Food Inspection.

The urban area continued to obtain its meat supply from the Doncaster abattoir, so that no licences of slaughter-houses were issued. However, 4 slaughter-houses were "approved" for the slaughter of cottagers' pigs.

The slaughter of cottagers' pigs is still, in my opinion, very unsatisfactory, as quite a large number of animals are being slaughtered without inspection from the Department. This matter was discussed with the local Food Executive Officer, who co-operated with the Department in an endeavour to get 100 per cent inspection of all animals slaughtered and although quite a number were seen by the Inspectors, others were not.

Periodical inspections were made at the meat-receiving depot and weekly visits to wholesale grocers' premises and retail shops.

The following amount of foodstuffs were found to be unfit for human consumption :—

40 lbs. Biscuits	51 lbs. Marmalade	8 Ostlers
420 lbs. Peas	35 lbs. French	119 tins Carrots
134 tins Peas	Brawn	39 tins Tomato
807 lbs. Jam	484 lbs. Dutch	Juice
1731 lbs. Flour	Brawn	1 tin Raspberries
80 lbs. Lentils	57 lbs. Haslet	2 Puddings
56 lbs. Barley	25 lbs. Oats	4 tins Mixed Veg.
36 pkts. Cornflakes	40 lbs. Rabbit	114 $\frac{3}{4}$ lbs. Beef
1 pkt. Dried Eggs	60 couples Rabbits	1 Sheep's Pluck
1 tin Chopped Pork	14 lbs. Black	3 lbs. Syrup
9 bottles Salad	Pudding	3 tins Spaghetti
Cream	57 $\frac{1}{4}$ lbs. Cheese	43 lbs. Lamb's
54 lbs. Bournvita	62 tins Pork in	Carcass
10 lbs. Oxo	Juice	1 tin Salmon
36 lbs. Salt	18 tins Plums	2 tins Apple Puree
93 tins Soup	540 lbs. Figs	39 lbs. Chill-con-
82 tins Tomatoes	16 tins Pilchards	carne
113 tins Veal Loaf	10 tins Sardines	3 tins Apples
188 tins Milk	11 tins Crawfish	8 tins Rhubarb
2 tins Veal & Ham	12 Meat & Veg.	3 lbs. Fowl
1 lb. Sago	(tins)	3 Pig's Organs and
57 jars Pickles	1 lb. Lemon Curd	carcass
7 tins Peaches	50 tins Paste	5 jars Onions
2 tins Nescafe	5 tins Pears	5 tins Snoek
1 $\frac{1}{2}$ lbs. Margarine	63 Ham Pats	592 lbs. Sausages
1 bag Mussels	14 lbs. Slab Cake	96 lbs. Cereoca
114 $\frac{1}{2}$ st. Fish	4 tins Baby Food	224 lbs. Rice
1 tin Strawberries	1232 lbs. Semoletti	2 $\frac{1}{2}$ lbs. Butter
7 Swiss Rolls	4 tins Grapes	25 lbs. Sugar
1 tin Cherries	3 tins Apricots	7 $\frac{1}{2}$ ozs. Weetabix
28 pkts. Pudding	9 $\frac{1}{2}$ lbs. Bacon	3 lbs. Teemac
Mixture	149 Fish Cakes	1 lb. Mincemeat
9 tins Beans	2 bottles Gravy	4 tins Beetroot
7 $\frac{1}{2}$ lbs. Suet	Seasoning	1 box Dates

Slaughter of Animals Act, 1933.

14 licences to slaughter or stun animals were renewed during the year.

Food Premises.

The following food preparing premises are registered with this authority :—

Bakehouses	...	...	...	...	...	4
Tripe Boilers	...	...	...	...	...	2
Preparation and manufacture of sausages,						
pressed, pickled or preserved foods					...	10
Fish Friers	...	...	...	...	...	23

Quite a good deal of time was given up during the year to inspections of food premises with a view to enforcing Section 13, Food and Drugs Act, 1938 and in particular, the provision of hot and cold water, soap and towels . Washing accommodation was installed in 15 premises which had none before. Periodical inspections were also made of cafes with a view to highering the standard of hygiene and one cafe, which had not been really satisfactory, was closed.

The Council resolved to adopt the Clean Food Model By-laws and a report was submitted to the Council of proposed alteration in the Council-owned market. This report was adopted and plans were made to bring the market food stalls up to a good hygienic standard in the following year.

Ice Cream.

It was decided to commence registration of ice cream manufacturers and retailers again and by advertisement in the local newspaper, all such retailers and manufacturers were asked to apply to the local authority for registration. It was found that quite a number of back-street shops had commenced to sell ice cream without prior registration and it was thought that by re-registering all premises that departmental control would be more satisfactory.

34 premises were registered during the year for the sale of ice cream and 1 for manufacture. On application, each shop was inspected and the shop had to be put into proper order with washing accommodation before registration could be allowed. All ice cream sold in the town was pre-packed.

Attention was also given to vans selling ice cream in the street and the standard of these was raised considerably, from the old type with open sides to a modern vehicle with glass covered sides and washing provisions, but it was found that there was an occasional influx into the district of vans and tri-cycles selling ice cream from other districts, some of which were not of high standard. On occasions, approach was made to the owners of these vehicles.

27 samples of ice cream were taken for bacteriological examination. The results showed 13 samples in Grade I, 3 samples in Grade II, 5 samples in Grade III and 6 samples in Grade IV. Of the 6 samples placed in Grade IV, 4 were later classified as Grade I and 2 in Grade II.

Milk Production.

Of the 4 farms in the area, 3 were milk producers, the Manor Farm, Church Street, giving up production of milk. One farm was an accredited milk producer. The standard of farm prem-

ises was reasonably satisfactory, particularly at the farm producing graded milk. 2 of the 3 farms sold all their milk wholesale to dairy companies outside your urban district.

Total Number of Cows	...	...	...	28
Total Number of Cowsheds	...	...	...	3
Total Number of Inspections made	...	...	...	37

The Milk and Dairies Regulations, 1949, came into operation on October 1st, 1949, and your supervision of milk production on farm premises passes to the Ministry of Agriculture and Fisheries but the registration of milk distributors and other dairy premises is still the responsibility of local authorities. There was also the introduction of the Milk (Special Designation) (Raw Milk) Regulations, 1949, and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, which made your local authority responsible for the granting of Dealers' Licences, and Supplementary Licences. The provisions of the new legislation was advertised by the Council in the local newspapers and explanatory leaflets were issued to all milk retailers within your area with a view to re-licencing taking place. By the end of the year, 2 supplementary licences for the sale of tuberculin tested milk and 4 supplementary licences for the sale of Pasteurised milk had been granted. There were 14 registered milk distributors.

11 samples of milk were taken for bacteriological examination, 2 accredited, 4 Pasteurised and 5 ungraded milk. The accredited and Pasteurised samples were found to be satisfactory, but 2 ungraded milks were found to be unsatisfactory. Follow-up work took place until satisfactory samples were obtained. In addition, 4 samples were taken for biological test, of milk produced outside the urban area. One sample was found to be positive tuberculosis and this was notified to the Ministry of Agriculture and Fisheries Veterinary Officers, who dealt with the case.

Factories.

There were 56 factories on the register during 1949, 9 of them with non-power. 61 inspections were carried out during the year and action was taken in 9 cases for contraventions of the Factory Act. Defects found were :—

- (a) Non-screening of females' W.C's—1 case.
- (b) Insufficient closet accommodation—3 cases.
- (c) Absence of properly intervening ventilated space—6 cases.

Public Cleansing—Refuse Collection.

Owing to the growth of the town in the past year, it was decided to add one further Karrier Bantam Refuse Collector to the fleet of four. This meant an increase in the scavenging staff of three employees and the total number of staff engaged on collection service was 20. This innovation enables the Department to continue the weekly collection service. 243,027 bin premises were given clearance during the year and 4,033 loads of refuse were removed. This was in addition to 533 trade refuse loads and a weekly cleansing service for 19 pail-closets at the extreme western end of the district.

The use of a seven cubic yard refuse vehicle has been found to be very satisfactory, particularly in areas of long, narrow back roads. A difficulty experienced during the year was an increasing number of defective bins. This was brought about by owners' appeals in court on the service of Statutory Notices by local authorities being allowed. Many of the local owners refused to supply bins to their property and many tenants had to supply their own.

Refuse Disposal.

Refuse disposal has, for a number of years, created a problem. An objection by the Ouse Catchment Board to tipping at a site in Pastures Road, Mexborough, was a serious blow. Fortunately, tipping was able to continue on a sports field in the Swinton Urban area but this was completed in the early part of the year and the Council were successful in acquiring part of an old quarry owned by the Coalfields Brickyard Company and situated in Doncaster Road, Mexborough. All tipping was controlled, and 2 men were employed permanently on the tipping sites.

The total cost of refuse collection and disposal was £6,785, which was only a small increase of £24 over the figure for 1948.

Salvage.

The sale of salvage materials from the town's refuse produced an income of £817 6s. 8d. This was a decrease of £38 13s. over the return for 1948, but this was due to a decrease in price for waste paper. Actually by weight there was more salvage collected in 1949. The individual weights were as follows :--

				Tons	Cwts.	Qrs.	Lbs.
Waste Paper	...	...	...	121	—	2	—
Textiles	...	...	...	2	1	1	—
Scrap	...	...	...	3	5	—	—
Jars and Bottles.	20 dozen.						

It was found that apart from waste paper, other materials were falling off.

Conclusion.

The work of this Department during the year under review, has been one of many difficulties. The housing problem still continued to increase and deterioration of the older sub-standard house is becoming more rapid. In spite of repairs, quite a number of houses are fast becoming unfit for human habitation. Although the Council decided to take action under Section 11, Housing Act, 1936, in 6 cases, finding alternative accommodation for the occupants, this rate of progress will not solve the bad housing of the town. Bad housing conditions are accentuated by overcrowding which I feel will not be solved in the immediate future.

Another great problem has been that of tipping space. The town is very short of open land and our refuse disposal policy at the present time is not a very satisfactory one. The Council have been fortunate in obtaining small plots of land here and there but what is needed is a large area to tip upon, giving many many years' service. This problem is one which will have to be faced up to and a decision taken, even if it means seeking disposal sites in other districts. The town refuse is very heavy and averages 60 to 65 tons per day.

The dustbin question is also one in need of settling. Landlords have taken advantage of successful appeals against Statutory Notices requiring them to supply dustbins to their property and the situation is becoming chaotic. In my opinion, a Municipal Bin Scheme is the most satisfactory.

The number of dirty and verminous premises seems to be on the decrease, and it has been noticed that cases which arose at fairly frequent intervals, do not now need so much attention from the Department. The weekly issue of insecticides and advice may possibly have had something to do with this.

Although quite a good deal of time has been devoted to cleaning up food premises, there is still much to be done in this sphere, and strict attention will be devoted, in the coming years, to this all-important subject. It is intended to teach the food traders to become hygienically minded.

I wish to take this opportunity of thanking Dr. J. Leiper, Medical Officer of Health for his co-operation and advice during the past year. There has been a close liaison between the Divisional Medical Office and your Council's Public Health Department, which has assisted your Department to efficiently carry out its duties.

I also beg to acknowledge the support and sympathetic consideration given by the Council to the Department in the past year and the very able assistance of the Chairman of the Public Health Committee.

In conclusion, I would thank the staff of this Department for their full co-operation and ready assistance in the compilation of this report.

I can assure the Council that your Public Health Department will continue to play its part in the safeguard of the public health of the town.

I remain,

Mr. Chairman and Gentlemen,

Your obedient Servant,

H. BREARLEY.

Chief Sanitary Inspector.

Cert. S.I.B., M.S.I.A., Cert. Insp.
of Meat and Other Foods.

Council Offices,
Adwick Road,
Mexborough.

COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE
DIVISIONAL SCHEME OF PREVENTIVE MEDICAL SERVICES
DIVISION No. 30

Comprising the Urban Districts of Conisbrough
 The Dearne and Mexborough

DIVISIONAL HEALTH STAFF :

Divisional Medical Officer and Divisional School Medical Officer :
 Dr. John Leiper, M.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.,

Assistant County Medical Officers :

Dr B. R. A. Demaine, M.B., Ch.B., D.P.H.
 Dr. H. F. Lindsay, M.B., Ch.B.

Junior Obstetrician :

Dr. J. C. A. Renshaw, M.B., Ch.B., M.R.C.S., L.R.C.P.
 D.(Obstet) R.C.O.G.

Part-Time Medical Officers :

Dr. F. J. Boyle, M.B., Ch.B., B.A.O., N.U.I.
 Dr. M. Burton, L.M.S.S.A.
 Dr. T. Lindsay, M.B., Ch.B.
 Dr. J. K. W. Morris, M.B., Ch.B.

County Ophthalmologist :

Dr. F. Fischer, M.D. (Vienna)

Consultants :

W. L. Rowe, Esq., M.B., Ch.B., F.R.C.S. (Ear, Nose and Throat).
 W. H. Maitland Smith, Esq., M.B., Ch.B., F.R.C.S., M.Ch. (Orthopaedics).
 D. H. Lees, Esq., F.R.C.S., (Ed.), M.R.C.O.G. (Obstetrics and Gynaecology).
 Dr. C. C. Harvey, B.Sc., B.S., F.R.C.S., M.R.C.S. (Paediatrics).

Health Visitors :**Conisbrough.**

Miss M. T. Leonard, Miss N. H. Stewardson, Mrs. E. Appleyard,
Mrs. L. Elliott, Mrs. F. Lyon.

The Dearne.

Miss W. J. Bailey, Miss E. Goulden, Mrs. N. M. Noble,
Mrs. S. Potts.

Mexborough.

Mrs. G. I. Ellis, Miss M. O'Connor, Mrs. I. Pettman,
Mrs. E. Pocklington.

Home Nurses :**Conisbrough.**

Miss K. M. A. Billequez (Relief), Mrs. I. E. Milnes.

The Dearne.

Miss K. Ogley, Mrs. M. Herring.

Mexborough.

Miss K. Bellerby, Mrs. G. Barnett, Mrs. F. M. Chappell.

Midwives :**Conisbrough.**

Mrs. D. Atkin, Mrs. F. E. Wall, Mrs. M. Lambert, Miss G. Randall.

The Dearne.

Mrs. G. M. Corley (Relief), Mrs. H. E. Hillery, Mrs. M. F. Hill,
Mrs. C. K. Kilner, Mrs. E. Sands, Mrs. E. Stott, Mrs. R. Williams.

Mexborough.

Mrs. A. E. Smith (Relief), Mrs. V. J. Marley, Mrs. M. Taylor,
Miss A. D. Willoughby.

Divisional Clerical Staff :

Mr. R. M. Martin (Senior Clerk)

Mr. V. W. Brydone, Mr. C. Whiting, Miss I. Trown, Mrs. F. M.
Garbutt, Miss J. M. Bottomley, Miss M. A. Otley.

PUBLIC HEALTH SERVICES UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946.

Summary of Divisional Vital Statistics 1949.

Area of Division	6,933 acres
Registrar General's estimate of resident population (mid. 1949)	60,120
Birth Rate (per 1,000 estimated population)	21.01
Death Rate (per 1,000 estimated population)	
All Causes	10.01 (Crude)
Cancer	1.51
Heart and Circulation	2.73
Diarrhoea (under 2 years per 1,000 live births)	5.54
Respiratory Tuberculosis	0.58
Other Tuberculosis	0.05
Zymotic	0.15
Maternal Mortality	0.73
Infant Mortality (per 1,000 live Births) ...	41.00

Births :

The total number of live births in the Division during the year 1949 was 1,263 (males 629; females 634). The number of stillbirths notified in the Division was 25 (males 16; females 9). This corresponds to a still birth rate of 0.41 per 1,000 population, or 19.4 per 1,000 live and still births.

Illegitimate live births totalled 63 (males 36; females 27). There were 2 male and 1 female illegitimate stillbirths.

Deaths :

The number of deaths in 1949 for the Division totalled 602 (341 males and 261 females). These figures correspond to a crude death rate of 10.01 per 1,000 population; the adjusted death rate using an average comparability factor of 1.25 shows a figure of 12.5 deaths per 1,000 population.

Vital Statistics — Comparative Rates :

A comparison of the various rates in each of the Urban Districts of the Division as against those for England and Wales, the 126 County Boroughs, and Great Towns, and the 148 smaller Towns, is appended overleaf :—

	England & Wales	126 C.B.'s and Great Towns	148 Small Towns	Conisbrough U.D.	The Dearne U.D.	Mexborough U.D.
Births:	Rates per 1,000 population					
Live Births	16.7	18.7	18.0	21.34	22.3	19.09
Still Births	0.39	0.47	0.40	0.48	0.33	0.46
Deaths:						
All Causes (adjusted rate)	11.7	12.5	11.6	12.1	13.5	11.6
Typhoid and Para-Typhoid ...	0.00	0.00	0.00	0.00	0.00	0.00
Whooping Cough ...	0.01	0.02	0.01	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.12	0.00	0.00
Tuberculosis	0.45	0.52	0.42	0.59	0.62	0.67
Influenza	0.15	0.15	0.14	0.18	0.21	0.05
Smallpox	0.00	0.00	0.00	0.00	0.00	0.00
Ac. Poliomyelitis & Polio-encephalitis ...	0.01	0.02	0.02	0.00	0.00	0.00
Pneumonia	0.51	0.56	0.49	0.66	0.37	0.41
Notifications (corrected):						
Typhoid Fever	0.01	0.01	0.01	0.00	0.00	0.00
Paratyphoid Fever ...	0.01	0.02	0.01	0.00	0.00	0.00
Cerebro-Spinal Fever	0.02	0.03	0.02	0.06	0.17	0.10
Scarlet Fever	1.63	1.72	1.83	2.46	4.72	0.72
Whooping Cough ...	2.39	2.44	2.39	0.00	3.96	0.57
Diphtheria	0.04	0.05	0.04	0.42	0.00	0.00
Erysipelas	0.19	0.20	0.19	0.12	0.41	0.10
Smallpox	0.00	0.00	0.00	0.00	0.00	0.00
Measles	8.95	8.91	9.18	4.79	11.46	12.45
Pneumonia	0.80	0.91	0.65	0.84	1.70	1.30
Ac. Poliomyelitis ...	0.13	0.13	0.12	0.06	0.00	0.00
Ac. Polioencephalitis	0.01	0.01	0.02	0.00	0.00	0.05
Food Poisoning ...	0.14	0.16	0.14	0.00	0.04	0.00
Deaths:	Rates per 1,000 live births					
All causes under 1 year of age	32.0	37.0	30.0	30.9	44.5	46.1
Enteritis and Diarrhoea under 2 years ...	3.0	3.8	2.4	0.00	7.4	8.1
Notifications (corrected)	Rates per 1,000 (Live & Still) Births					
Puerperal Fever and Pyrexia	6.31	8.14	5.30	5.49	1.83	7.96
Maternal Mortality in England & Wales (Rates per 1,000 (Live & Still) Births)						
Puerperal Infections ...	0.11	..	..	0.00	0.00	0.00
Other Maternal Causes...	0.71	..	..	0.00	1.83	0.00

(1) **GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA:**

The full particulars of the Public Health Officers of each Authority are incorporated, for easy reference, at the beginning of this Report.

(a) **Laboratory Facilities.** Bacteriological and Pathological specimens are sent to the Medical Research Council Laboratory at Wakefield, under the direction of Dr. W. F. Lane, and these services are fully adequate. Blood examinations for grouping Rhesus factor and Kahn tests are undertaken by the Blood Transfusion Service, Sheffield.

(b) **Ambulance Facilities.** The ambulance facilities for your District are adequate and the Depot for the County Ambulance Service is situate at Dunford House, Wath-on-Deerne, where 5 ambulance cars and one sitting-case vehicle were available during the year. These services also cover adjacent Divisions.

(c) **Nursing in the Home.** By the final month of the year, approximately 10 times as many Home Nursing visits were carried out in the Divisional Area as were made in July, 1948. During December, 1949, 2,600 nursing visits were made by 5 Home Nurses.

It is interesting to note that the average number of nursing visits paid to each of the 4,000 cases home nursed in this Division was about 4, and this would indicate to me that there is more acute nursing (infants and children) being carried out in the homes here, and less of the chronic or "mercy" nursing of the chronic and incurable case than is the average for the County as a whole based on the 1948 figure.

The accent has been put on the Home Nursing of infants under one year of age, and as an empirical step, one serious case where an infant in a poor house could not be removed to hospital because of its grave and critical physical state, was nursed by two Queen's Nurses day and night for 96 hours, and recovered from Lobar Pneumonia. Another point which I feel should be taken into account is the occupational-therapy in the home of long term District Nursing cases. I feel that there should be as good results from this as there have been from patients residing in Part III Accommodation in the County Area. In this Division there is an almost unlimited scope for the work of the District Nurse, and in 1950 I estimate that the total number of nursing visits carried out by these nurses will be somewhere in the region of 35,000.

I thus consider that the best gateway through which General Practitioners can enter the field of preventive medicine in an industrial area like this is that of Home Nursing, and I find that the General Practitioners are invariably appreciative to a high degree of the efforts of the Home Nurse.

With more after-care from hospitals, including serious paraplegic cases, to be expected, the work of the Home Nurse has not, during the year, reached its summit.

(d) **Treatment Centres and Clinics, including Clinics used solely for Diagnosis or Consultation.**

CONISBROUGH URBAN DISTRICT:

Child Welfare Centre, Miners' Welfare Hall, Garden Lane, CONISBROUGH—

Monday:	9-30—12 noon	Minor Ailments Clinic.
	2-00—4-30	Infant Welfare Clinic.
Tuesday:	2-00—4-30	Ante-Natal Clinic.

Child Welfare Centre, Church Road, DENABY MAIN—

Monday:	9-30—12 noon	U.V.R. Clinic.
Tuesday:	9-30—12 noon	Minor Ailments Clinic.
	1-30—4-30	Infant Welfare Clinic.
Wednesday:	9-30—12 noon	Ante-Natal Clinic.
Thursday:	9-30—12 noon	Minor Ailments Clinic.
	11-00—12 noon	Immunisation Clinic.
	1-30—4-30	U.V.R. Clinic.
Friday:	2-00—4-30	Ante-Natal Clinic.

THE DEARNE URBAN DISTRICT :

Child Welfare Centre, Miners' Welfare Hall, Washington Road, GOLDTHORPE—

Monday:	9-30—12 noon	Minor Ailments Clinic.
	2-00—4-30	Infant Welfare Clinic.
Thursday:	2-00—4-30	Ante-Natal Clinic.
Child Welfare Centre, Houghton Road, THURNSCOE—		
Monday:	9-30—12 noon	Minor Ailments Clinic.
	2-00—4-30	Infant Welfare Clinic.
Tuesday:	3-00—4-00	Immunisation Clinic.

MEXBOROUGH URBAN DISTRICT :

Child Welfare Centre, Adwick Road, MEXBOROUGH—

Tuesday:	9-30—12 noon	Minor Ailments Clinic.
Wednesday:	2-00—4-30	Ante-Natal Clinic.
Thursday:	9-30—12 noon	Minor Ailments Clinic.
	2-00—4-30	Infant Welfare Clinic.
Friday:	3-00—4-30	Immunisation Clinic.
Friday:	2-00—4-30	Ante-Natal Clinic.

(e) **Child Welfare Centres.** Of the five Child Welfare Centres in this Division, probably only the clinics at Denaby and Mexborough can be said to provide adequate facilities for the various clinical sessions held. The Child Welfare Centres at Conisbrough, Goldthorpe and Thurnscoe are all public buildings

on lease for a limited number of days per week, and the conditions are not entirely suitable for large attendances. Attendances at Child Welfare Centres in the Division during 1949 show that 2,124 children made the following total number of attendances:—

(a)	Under 1 year of age	...	...	14,443
(b)	Over 1 year of age	...	...	5,946
Total				<hr/> 20,389 <hr/>

The Ultra-Violet Ray Clinic, which is held in the Denaby Child Welfare Centre, and which uses the only lamp available in the Division, has been very well attended, but a number of breakdowns have occurred, and it would appear that the lamp is being grossly overworked. Arrangements are now in hand for the provision of a further lamp which it is proposed to instal in the Child Welfare Centre, Mexborough. This would not only alleviate some of the present strain felt at the Denaby Clinic, but would also avoid unnecessary travelling by children and parents from the Dearne Area. A suitable room is available in the Mexborough Child Welfare Centre, and would prove a central point for receiving patients from the Dearne and Mexborough Districts.

(f) **Ante-Natal Clinics.** Ante-Natal Clinics are held at each of the five Child Welfare Centres, under the care of Dr. J. C. A. Renshaw, Junior Obstetrician. A total number of 1,159 expectant mothers made a total of 5,826 visits to Ante-Natal Clinics during the year.

(g) **Tuberculosis Dispensaries.**

Dispensary Sessions.

Tuberculosis Dispensary	Monday:	10-00—12 noon
Market Street,	Wednesday:	10-00—12 noon
MEXBOROUGH.		

Tuberculosis Dispensary	Thursday:	10-00—12 noon
8, Goldthorpe Road,		
GOLDTHORPE.		

The staff of these Tuberculosis Dispensaries consist of a Tuberculosis Officer and two Tuberculosis Health Visitors, and a close liaison is kept between your Medical Officer of Health, District Sanitary Inspectors, and the medical and nursing staff of the Tuberculosis Dispensary. Cases indicating domiciliary treatment in overcrowded homes are investigated, and recommendations for housing placed before the respective housing Committees.

(h) **Venereal Disease Clinics.** A Treatment and Diagnostic Clinic is held at 12, Frederick Street, Rotherham, and there are other Centres at Barnsley, Sheffield and Doncaster.

(i) **General Hospital Services** are provided by the Montagu Hospital, Mexborough, Moorgate Hospital, Rotherham, and Barnsley Beckett Hospital. All these hospitals are well equipped and staffed, and carry out a large volume of acute and chronic work, both with In and Out Patients, and they have proved a great boon and assistance to this Division during the year. The liaison between the Local Health Authority and the Hospital Management Committee has been very close, and Dr. Cedric C. Harvey, Paediatrician, and Dr. J. C. A. Renshaw, Junior Obstetrician, both hold clinics in the Montagu Hospital, Mexborough.

(j) **Infectious Disease Hospitals.** Wath Wood Isolation Hospital, Doncaster Isolation Hospital, Conisbrough Isolation Hospital, and Kendray Hospital, Barnsley, have proved entirely adequate for the number of infectious disease cases arising in the Area and requiring hospital isolation and treatment during the year.

(k) **Maternity Hospitals.** The Maternity Block of the Montagu Hospital, Mexborough, Listerdaie Maternity Home, Hamilton Annexe (Doncaster), Hallamshire Maternity Home, St. Helen Hospital, Barnsley, and the Maternity Ward of the Moorgate General Hospital, Rotherham, have all been available during the year for booked cases on a priority system of admission. This system includes medical and obstetric conditions, and also bad socio-medical conditions which are ranked high on the list of priority.

(2) **MENTAL HEALTH :**

No Divisional Mental Health Sub-Committee has been formed in the Area. The number of Medical Officers employed in the Mental Health Services consist of Dr. B. R. A. Demaine, M.B., Ch.B., D.P.H., and Dr. H. F. Lindsay, M.B., Ch.B., Assistant County Medical Officers, Mrs. E. K. Green, M.A., and two duly authorised Officers, Mr. J. H. Webster, and Mr. G. T. Collins. There is no Occupation Centre in this Division, but efforts are, at the moment, being made to obtain a suitable site to serve this and neighbouring Divisions. Cases requiring Occupational Centre training were referred to the Occupation Centre controlled by the Doncaster County Borough. In general, progress in the Division during the year has been slow and the lack of an Occupation Centre for mental defectives has been an extremely great handicap.

The attempts of Mrs. E. K. Green, M.A., the Mental Health Social Worker, to home train five of the twenty-one adult defectives who are capable of being trained are quite inadequate to meet the general need. The appointment of a full-time home trainer might go some way to solving the problem, but would still not answer for an Occupation Centre. The Doncaster County Borough Health Department have very kindly offered further vacancies in their Occupation Centre, at which six of our juvenile defectives were in attendance at the end of 1949.

The other great obstacle in the way of developing Mental Health Service has been an inability on the part of the Sheffield Regional Hospital Board to provide institutional accommodation for the 14 juveniles and 5 adult defectives who are waiting removal from their homes. The need in 2 of the adult cases and in one of the juvenile cases is, without doubt, most urgent. The only Mental Deficiency Institution vacancy obtained for this Division during 1949 was for an adult male defective who was in the hands of the Police and in whose case a Court Order was made.

From the point of view of employment of mental defectives, 1949 has been a good year. Nearly all those capable of working were fairly happily settled in employment. Over one quarter of cases under Statutory Supervision (which number 109) have produced problems and entailed extra visiting (apart from Statutory visits) during the year.

There has been fairly good co-operation between this Division and the Regional Hospital Board over the question of the provision of reports on home circumstances of mental defectives in Institutions, and of the supervision of mental defectives on licence from Institutions.

During the year no Mental Hospital has called on this Division to provide a background or history of any patient admitted to hospital, nor has any request been made for after-care to be provided for a patient following discharge from hospital. Some six former Mental Hospital patients were referred to us for after-care through various other sources during the year.

The following table details the Mental Health Social Worker's activities during the year : —

Mental Deficiency Acts 1913-38.

	Div. 30	Dearne	Mex- borough	Conis- brough
1. No. of defectives ascertained during 1949	13	5	2	6
Total No. of defectives ascertained	128	55	26	47
2. No. under Guardianship	9	4	3	2
No. under Statutory Supervision	109	49	20	40
No. under Voluntary Supervision	9	2	3	4
No. on Licence from Institution	1	—	—	1
3. No. awaiting Institution vacancies	19	5	4	10
No. attending Doncaster Occupation Centre	6	3	—	3
No. being home trained	6	4	2	—
Reports made for Regional Hospital Boards (Institutional patients)	14	7	6	1
After-care patients (mental hospital) under Section 28 of the National Health Service Act	7	3	2	2

(3) HEALTH VISITORS :

During the year the Health Visitors in the Division carried out 1,256 first visits to children under one year of age, and 124 first visits to children between the ages of 1 to 5 years. Subsequent visits to children under one year total 9,320, and between the ages of 1 to 5 years, 7,010. In addition to these normal visits to infants, Health Visitors also carried out multifarious visits which included the visitation of Measles, Gastro-Enteritis, Home Help cases and socio-medical visits, etc.

The role of the Health Visitor as the family case worker was slowly adopted and accepted by the Health Visitors. At the same time it was necessary to divorce from the Health Visitor's work ante-natal care, so that the Midwives became the Ante-Natal Health Visitor. The only role of the Health Visitor in the Ante-Natal Clinic was that of health educator and this has been implemented only very slowly during the year, as the Health Visitor at the Ante-Natal Clinic still remains in administrative charge of the clinic. In addition to this, some of the buildings in which clinics are held in this Division have not suitable space for individual or group teaching of expectant mothers. No appoint-

ment of a Senior Health Visitor was made, as I felt that this was not applicable to this Division since we are understaffed with fully trained Health Visitors. At the end of the year, only the equivalent of $3\frac{1}{2}$ trained Health Visitors were working in the Division, administering a population of 60,000, which must rank as one of the worst in the West Riding of Yorkshire so far as socio-medical and environmental conditions are concerned. The majority of the work has been carried out by the Assistant Health Visitors, and I consider their work as that of the trained Health Visitor to be very good indeed. Each Assistant Health Visitor, in addition to State Registration, also has clinical hospital experience of young children, and some of them are Registered Children's Nurses.

First Birthday Greeting Cards are routinely sent to infants attaining the age of one year and the Health Visitor calls at the address to confirm that the infant is alive and living at the address given, a few days before the card is despatched from this Divisional Office.

A system of selective visitation of infants born in sub-standard and condemned property was put into effect early in the year, and priority visits were also made to illegitimate children.

The Health Visitors were notified of the high illegitimate infant death rate in 1948, and the result for 1949 would certainly indicate that a vast improvement in this matter has been made, and that the cause of this improvement is probably the weekly visiting up to six months of age of such infants, in the home, by the Health Visitor. The illegitimate death rate in the Division in 1948 was 203 per 1,000 illegitimate live births. The illegitimate death rate in 1949 was 16 per 1,000 illegitimate live births.

The main work of the Health Visitor has been the prevention of infant wastage, and infant deaths have been brought to her notice at the end of each quarter during the year. In addition to this, after-care of the children in the home has gone on well, the necessary information coming from the Care, and After-Care Liaison Officer at the Montagu Hospital, Mexborough. Similarly, notifications of infectious diseases have also been notified to Health Visitors and in both instances a priority of visiting has been given to infants under one year of age, the consent of the family doctor first being obtained.

It is estimated that approximately 10 times as many repeat-visits were paid to infants in their homes than were carried out in 1948, and in addition to this the clinic attendances of infants and children under five years of age were also greatly increased.

A great deal of work on problem families was carried out during the year through the agency of the Health Visitor, and amelioration of living conditions and care of the children of such

families has been obtained. During the year 42 children were removed to County Homes from this Division, and the following is a short analysis of this figure :—

1.	Family of Mrs. A.	2 boys 1 girl	Welfare case. Gomersall	3
2.	Family of Mrs. B.	3 boys 1 girl	Pulmonary Tuberculosis of Mother. Infant boy died ...	4
3.	Family of Mrs. B.	2 girls 1 infant (boy)	N.S.P.C.C. case. No prosecution	3
4.	Family of Mrs. B.	2 boys	Welfare case. Skellow Hall	2
5.	Family of Mrs. C.	4 boys	Fit Persons Order in care of Grandmother. Parents convicted of neglect—husband 6 months; wife 3 months imprisonment	4
6.	Family of Mrs. C.	4 girls 3 boys	N.S.P.C.C. case — neglect. Husband 6 months imprisonment. Mother 2 years probation	7
7.	Family of Mrs. F.	1 boy	Father 6 months imprisonment. Mother pregnant and this child now born and cared for by N.S.P.C.C. ...	1
8.	Family of Mrs. J. or P.	4 boys	N.S.P.C.C. case. Husband 6 months imprisonment. Mother 3 months imprisonment. Impetigo of children	4
9.	Family of Mrs. T. or H.	3 girls	Welfare case—Part III Accommodation	3
10.	Family of Mrs. W.	2 boys	Widower. Condemned House	2
11.	Family of Mrs. Y.	3 girls 1 boy	Young widow with bilateral mastectomy. Information from Health Visitor, Almoner, Montagu Hospital, to Divisional Medical Officer, and to Divisional Welfare Officer	4
12.	Family of Mrs. A.	2 children	Mother vagrant sleeping in Hut with children. 6 months imprisonment. N.S.P.C.C. case	2
13.	Family of Mrs. D.	1 girl	Child abandoned. Fit Persons Order, Notts. County Council	1
14.	Family of Mrs. F.	2 children	Committed to the care of the County Council on 4.3.49	2

Although not satisfied with the removal of children of problem families as a permanent solution to any part of the question of problem families, I am satisfied that each and every case above was one in which action really was necessary in the interest of the child's health.

(4) MATERNITY AND CHILD WELFARE :

(i) Report on the Separation of Preventive Obstetrics from Preventive Paediatrics, and the Unified control of the Expectant Mother Group.

GENERAL.

During 1949, in Division No. 30 (Mexborough) the total number of births was 1,263, and as there were 17 sets of twins delivered during the year, the total number of expectant mothers confined during the year was 1,246.

The total number of expectant mothers attending the Ante-Natal Clinics of the Local Health Authority in this Divisional Area during the year was 1,159, and the actual number of attendances at these clinics was 5,826. As the average number of expectant mothers attending West Riding Clinics has increased from 400 per month to nearly 500 per month, the cost per patient, mentioned in last year's report, has correspondingly decreased.

Thus on the average each expectant mother made between five and six visits to the clinic before delivery. Also it is estimated that 93% of the expectant mothers in this Division during 1949 attended the Local Health Authority's Ante-Natal Clinics. This has meant heavy clinics with an average attendance of about 30 expectant mothers, examined in 3 hours.

At the same time, Dr. Renshaw under Dr. D. H. Lees, the Consultant Obstetrician, attended the Out-Patients' Department of the Montagu Hospital, Mexborough, and carried out clinical examinations of 432 expectant mothers, who made 1,431 visits during the year.

Most of these Ante-Natal out-patients attending the hospital were booked for delivery in the Montagu Hospital, or elsewhere, e.g., The Jessop Hospital, Sheffield, and it is estimated that at least 50% of these expectant mothers had attended the Health Authority's Clinics in this Division, had been booked by means of Forms C.W.9. and C.W.9.A. for hospital confinement, and attended the Hospital Out-Patients' Department for routine examination.

During the year there were 206 expectant mothers confined under the care of the Junior Obstetrician at the Montagu Hospital, Mexborough, and when considering this number it is necessary to realise that staff difficulties made it impossible for the Mater-

nity Unit to be opened during part of the year. There are 22 lying-in beds, and if adequate staff is available it is thought that between 300 and 400 expectant mothers could be confined there in a year. When this occurs about half of the Junior Obstetrician's time will be spent in the Maternity Unit.

In the past, the expectant mothers of Mexborough had attended the Ante-Natal Clinic in Swinton, and it was thought that a Clinic for them in this Division was preferable. On 20th April, 1949, a weekly clinic was started at the Mexborough Child Welfare Centre, Adwick Road. This Clinic has grown, and although there were minor difficulties at the start, it is felt that the inauguration of this clinic has been a success and has supplied a great local need.

The appointment of Dr. Renshaw to take charge of five Ante-Natal Clinics of the Local Health Authority in this Division has proved a key factor in the making of a clinic team. At each clinic the Health Visitor is present to be in administrative charge of the clinic, and responsible for group-teaching of expectant mothers. Also the Relief and all Domiciliary Midwives make every effort to attend. During the year there has been a marked increase in the clinic work of the Midwives who followed-up the advice given in the clinic, in the home, paying particular attention to diet, vitamin take-up, rest, and general arrangements for the confinement. About five hundred such ante-natal domiciliary visits were made each month by the 13 Midwives in the Division.

I am glad to say that there has been no criticism of the great amount of work carried out in these clinics from General Practitioners or any other body.

VITAL STATISTICS FOR 1949, DIV. 30 MEXBOROUGH.

The Registrar General's estimated mid-1949 population of the Division was 60,120 and the number of births was 1,263. The Divisional birth rate was thus 20.9 per 1,000 population.

The still birth rate during 1949 was 19.4 per 1,000 live and still births, whereas in 1948 the corresponding figure was 33.0.

The Infant death rate for 1949 was 41 per 1,000 related live births whereas the figure for 1948 was 56, and the five year average—1944 to 1948 was also 56 per 1,000 related births.

Neo-natal death rate during 1949 was 23.7 per 1,000 related live births; the corresponding figure for 1948 being 31.0.

The Maternal Mortality rate was 0.79 per 1,000 related live births; the corresponding figure for 1948 was 0.77.

The Hospital statistics show that of the 206 deliveries carried out in the Montagu Hospital there were 6 still births out of the Divisional total of 25 still births for the year.

COMMENTS ON VITAL STATISTICS FOR 1949, DIVISION 30 MEXBOROUGH.

Owing to the small number of births under consideration, variations in these rates will occur, but it can certainly be said that the present trend is favourable and these vital statistics are approaching the National rates.

There was no significant change in the number of primigravida expectant mothers delivered at home during 1948 and 1949.

The average yearly infant death rate for the five years 1944 to 1948 was 56 and this was also the figure for 1948, whilst the figure for 1949 was 41 per 1,000 live births. This shows a great improvement and it is appreciated that, given the same conditions, this improvement will be maintained in future years.

Not only has the still birth rate fallen to the lowest ever recorded in this District, but there has also been a drop in the neonatal and infant death rates. The infant death rate is also the lowest ever recorded

POLICY.

It was appreciated that the appointment of Dr. Renshaw was a pilot for future policy; and the progress of this scheme, together with the effect of his appointment on the community health of the expectant mother group has been closely watched.

One of the disadvantages in this combined appointment, which unifies the control of the expectant mother group, is that the grading of the appointment by the Regional Hospital Board should be that of Junior Hospital Officer. The great impact of this appointment on community health deserves, in my opinion, the grading of Senior Hospital Medical Officer or that of a specialist in obstetrical social matters.

In the past, the duty of the Ante-Natal Officer without Specialist experience has been the elimination from the Clinic attendances of those expectant mothers who are clinically abnormal to the care of the General Practitioner.

Since the event of unified control of the expectant mother group, together with the separation of preventive Obstetrics from preventive Paediatrics, the policy is now to send out the clinically abnormal or the potentially abnormal from the Ante-Natal Clinics, and leave only the clinically normal, from which a further moiety is seeded on grounds of poor social conditions in the home, for domiciliary confinement.

Thus taking only one example, breech presentation only occurred three times in 845 domiciliary births in the Division in 1949, and in all these three cases the expectant mother did not satisfactorily attend the Clinic.

External version in all other clinic cases was performed at the Clinic or, in cases of difficulty, referred to Mr. D. H. Lees, Consultant Obstetrician and Gynaecologist at the Jessop Hospital, Sheffield, and the Montagu Hospital, Mexborough.

This same process of exclusion of the abnormal from domiciliary confinement was made with all other abnormalities as far as possible, as it was considered that Dr. Renshaw, having specialist knowledge, should, to be of full value, make use of his special knowledge of treatment as well as of diagnosis and should act accordingly. Cases were thus referred direct to the Consultant Clinic or admitted to the Maternity Unit at the Montagu Hospital, or other Maternity Hospital.

There have been additions to the list of general practitioners undertaking domiciliary midwifery in the Area during the year. These additions to the list were Assistants to Principals in General Practice. This has raised the problem of ensuring that as many expectant mothers as possible attend the Ante-Natal Clinics of the Health Authority, and of supporting the Midwives in their desire to act as such, and not to become, too often, a Maternity Nurse. Meetings have been held about these problems with the Practitioners concerned, and the position has been satisfactorily explained by reference to the circular E.C.N.27 (July, 1949), which is a statement prepared by the Standing Maternity and Midwifery Advisory Committee to the Central Health Services Council.

I feel that as 93% of expectant mothers attended the Clinic, and as only 34 mothers were confined in their homes by General Practitioners with the aid of Maternity Nurses during the year—as against 845 delivered by the Midwives—it can be seen that these difficulties have, in the main, been overcome and the family Doctor and his Assistant have been willing, in this Area, to refer their expectant mother cases who have been booked on E.C.24 to the Clinic.

CONCLUSION.

The work of a Junior Obstetrician during the year has been very successful and this success is being reflected in the sound improvement in the vital statistics.

The scheme would be rounded off best by the addition to Dr. Renshaw's appointment of the professional work associated with a Flying Squad and the status of this Doctor in the Hospital should be improved from that of Junior Hospital Officer.

In the main, to be a success, and to work with long term efficiency, there is no doubt that preventive Obstetrics should be aligned with preventive Paediatrics and the appointment in either case should carry Specialist status.

In order to obtain the full benefit of this appointment which unifies the control of the expectant mother group and which is such an integral part of the Public Health team in this area, it is thought that one such appointment for an area having 1,200 births per year represents an optimum.

Appended to this Report are two graphs detailing the comparative Still Birth and Infantile Mortality rates as compared with those rates for England and Wales.

(ii) **Midwifery Service.** The Midwife has in this Division become the Ante-Natal Health Visitor, and special attention has been given to the question of Vitamin uptake, proper diet, and adequate rest of the expectant mother, and social conditions in the home.

Early in the year Miss Washington carried out a dietary survey in four of the Clinics, and afterwards in the month of March, addressed all the Midwives, and had a general discussion on the findings of the survey. These were mostly to the effect that only about one in three of the expectant mothers during pregnancy took any vitamins at all, and about 5% of expectant mothers apparently did not even get a R.B.7 Ration Book, and where this was obtained, there was a tendency for the expectant mother to give the husband the extra protein to eat at his work.

Because of the quiet personality of Dr. Renshaw, and to some extent an administrative drive, the team spirit and "esprit de corps" of the midwives has improved. I am very glad of the constant supervision of the Midwives by Miss Harvey. In general, I think that the status of the Midwife has been raised here during the year.

As part of the ante-natal health visiting duties, Form C.W. 9.A. (socio-medical investigation) for Hospital confinements have been completed following on Midwives' investigations instead of Health Visitors as formerly.

The overall picture of the Maternity Service was somewhat obscured early in the year, due to the fact that Midwives were not available for the Montagu Hospital, Mexborough. This was partially rectified in the late summer when five part-time Midwives were appointed, although there is still no Sister-in-Charge of the Maternity Unit. I think that this Hospital will ultimately prove a very good training ground for Domiciliary Midwives. Thus, sound Midwifery on the District will be assured.

During the year 7 cars have become available for Midwives, and all have Minnitt Gas and Air Analgesia Machines, and are efficient in the use of this apparatus. This Analgesia has been very well received and the results as shown below indicate a very high "take-up" of this service :—

No. of Domiciliary Confinements ...	...	861
No. of cases G. & A. administered ...	...	322
Percentage Rate ...	...	37.4

The following are examples of remarks made in report form by Midwives upon the administration of Gas and Air Analgesia:—

- (a) "Patient co-operated well. 4th para. Was very pleased. Did not feel the baby born."
- (b) "Satisfactory. 6th para. Mother very satisfied, and says 'Gas and Air of great help'."
- (c) "Very effective and of great help in case of prolonged labour."
- (d) "Patient co-operated well and obtained some relief."
- (e) "Satisfactory. Patient could not praise machine enough. Gas and Air given for 3-4 hours."
- (f) "Very successful. 4½ hours."
- (g) "Gas and Air was administered during the second stage of labour. The patient co-operated well and obtained considerable relief from pain."

In April, an Ante-Natal Clinic was commenced at the Mexborough Child Welfare Centre, and this is going well.

During the year, one Council House was made available through the District Council, for a Midwife on the Housing Estate at Mexborough.

Some publicity was given by the County Dental Officer to the fact that earlier on in the year appointments were made for 15 expectant mothers from this Division to have their teeth examined and treated at one County Dental Clinic one afternoon, and not one Mother attended. However at the end of the year this position had improved. Every effort is being made by the Midwife, but I feel that these efforts will have to continue for some years until this one matter is put right.

There has been a poor take-up of the facilities offered by the Ante-Natal Hostel at Brighouse, and this is because at the present time expectant mothers in this Area simply will not leave their husbands, their children, and their homes.

An increase in the number of children being breast fed has taken place during the year, and I think to some measure, this has been due to the good advice of the Midwives.

With regard to the work of the Midwives in 1950, I feel that initially this must be a consolidation of those ideas already partially implemented, together with the further raising of the status of the Midwife by the use of the Sphygmomanometer in her daily practice, and also by commencing under her direction, ante-natal exercises for expectant mothers in the Clinics.

(iii) **Care of the Premature Infant.** I am very pleased indeed by the amount of care of premature low weight babies which has been taken by the Midwives. Analysis of the figure shows that 17 babies were nursed in three Sorrento Cots held here, and of this total, only 2 babies died. The average weight at birth was about $3\frac{3}{4}$ lbs. Except in very bad homes, I feel that a premature baby of this weight is as safe to rear in the home as in the Hospital.

During the year 3 Midwives were trained in the Sorrento method of care of the premature baby, and were awarded Certificates of Proficiency. A scheme is being put into operation so that when an expectant mother goes into premature labour at her home, arrangements are made for a premature baby cot to be delivered by Ambulance, and the Sorrento trained Midwife brought in to receive the low weight baby into a warmed cot at the moment of birth.

I append below a statistical table showing the number of premature children born in the Division, with details of survivals and deaths :—

Return of Babies (including stillbirths) of 5½ lbs. in weight or under at birth, delivered in the year 1st January, 1949, to 31st December, 1949, inclusive.

Total number of deliveries in the Domiciliary Practice of Midwives :—

(a) Live Births (include both normal term and premature babies)	...	...	...	851
(b) Stillbirths (include only those coming within the definition below)	...	...	...	10
			Total	861

Weight at Birth	No. of Premature Births	Number dying — days of survival														Over 14 up to 28 days	Number Surviv- ing over 28 days
		First Week							Second Week								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14,		
Born Alive	Born Dead	1	2	3	4	5	6	7	8	9	10	11	12	13	14,		
Under 1½																	
1½ —																	
2 —																	
2½ —																	
3 —																	
3½ —																	
4 —																	
4½ —																	
5 —																	
5½ —																	
Total	47	1	8	1	2					1	1	1				1	33

Definition of a Stillbirth :— A child is stillborn when it has issued forth from its mother after the twenty-eighth week of pregnancy and has not, at any time after being completely expelled from its mother, breathed or shown any other signs of life.

(iv) **Vaccination & Immunisation.** Facilities for Diphtheria Immunisation, and Vaccination against Smallpox, are readily available in the Division, but I regret that in spite of repeated propaganda full benefit is not being derived from this scheme. Several pilot immunisation sessions were carried out during the year in the various schools and also a great deal of work was done in the various Child Welfare Centres. This drive resulted in a greatly increased number of children immunised in 1949, both in primary immunisations and booster doses as will be seen from the appended Table, but I appeal to all parents to take advantage of this scheme with both new babies and school children who are requiring further immunisation.

In this Division, 1st Birthday Greeting Cards are despatched to all children on their first birthday, with a reminder and parents' Consent Form attached, so that they may use this service. This scheme has been inaugurated now approximately 18 months, and I consider that the increase in our percentage rate of children of pre-school age who are now immunised is to a great degree due to this form of reminder.

As will be seen from the Vaccination Table, the figures reflect a general apathy towards the value of vaccination.

The number of persons vaccinated during 1949 would no doubt not have been so large had not a case of suspected Smallpox, subsequently diagnosed as adult Chicken Pox, occurred in the Dearne Area.

All possible propaganda and information is made available of this service and it is hoped that figures may be improved in the course of the next year or so.

I append below Table of Statistics relating to Diphtheria Immunisation and Vaccination for the year ended 31st December, 1949 :—

STATISTICS RELATING TO DIPHTHERIA IMMUNISATION AND VACCINATION FOR YEAR ENDED 31st DECEMBER, 1949.

DIPHTHERIA IMMUNISATION.

Urban District	No. of Children Immunised in 1949			Booster Doses in 1949	No. of Children Immunised at any Time up to 31.12.49			Registrar-General's Estimated Mid Year Population 1949			% Rate	
	Under 5 Yrs.	5-14 Yrs.	Total		Under 5 Yrs.	5-14 Yrs.	Total	Under 5 Yrs.	5-14 Yrs.	Total	Under 5 Yrs.	5-14 Yrs. Total
Conisbrough U.D. ...	409	282	691	72	751	1783	2534	1753	2936	4689	42.8	60.7 54.1
Dearne U.D. ...	238	127	365	481	841	3714	4555	2498	3999	6497	33.6	92.8 70.1
Mexborough U.D. ...	303	261	564	665	677	1054	1731	1652	2747	4399	40.9	38.4 39.6

VACCINATION 1949.

		Under 1 Year 1949	1-4 Yrs. 1945-48	5-14 Yrs. 1935-44	15 Yrs. and Over	TOTAL
Conisbrough U.D. ...	Primary Re-Vaccination	1	8	1	—	10
		—	—	—	3	3
Dearne U.D. ...	Primary Re-Vaccination	26	28	17	29	100
		—	—	—	19	19
Mexborough U.D. ...	Primary Re-Vaccination	6	10	5	9	30
		—	1	4	23	28

(5) **SECTION 28, PREVENTION OF ILLNESS, CARE, AND AFTER CARE :**

(i) **Hospital After-Care.** In May, 1949, a West Riding County Council Health Visitor was designated as a Care and After-Care Liaison Officer, and appointed to the Montagu Hospital, Mexborough, for three half-days each week, on Tuesday, Wednesday, and Friday afternoons, with a view to establishing liaison between the hospital and the home. Her duties included the provision of information of all patients requiring follow-up treatment, investigation of environmental home conditions prior to discharge, particularly with regard to infants, and dealing with any personal problems which a patient may have had in his or her home life which may have affected the patient's illness or arisen as a result of such illness. During her sessions at the hospital, the Care and After-Care Liaison Officer has also been available to interview patients' relatives.

The attachment of this Health Visitor to the hospital has been of great benefit to patients and has definitely provided the link between the hospital service and the after-care arrangements of the Local Health Authority, as envisaged by Section 28 of the National Health Service Act, 1946, which is necessary to ensure the essential follow-up and continued supervision of patients discharged from hospital.

Cases which require the attention of the Home Nursing Service, the provision of appliances, etc., the scope of the hospital services, and rehabilitation, were readily undertaken and necessary arrangements made. The Senior Registrar of the Montagu Hospital, Mr. I. H. Meyer, F.R.C.S., has greatly appreciated the work performed, and strongly supports the continuation and furtherance of the scheme.

Details of the work performed by the Care and After-Care Liaison Officer during the period 10th May, 1949, to 31st December, 1949, are appended below :—

60 Half Day Sessions.

637 Patients in hospital (excluding short term cases)

141 Interviews

34 Home Visits

29 Home Nurses—arranged for patients after leaving hospital

19 Home Helps arranged and employed

20 Home investigations carried out

3 Cases—rehabilitation—change of employment:—

- (a) 1 very successful—patient co-operative, entered training centre, now settled permanently in good employment
- (b) 1 training arranged—after convalescent period completed.
- (c) 1 doubtful outcome, patient unco-operative

7 Cases helped through National Assistance

3 Special appliances supplied—various sources which applied to particular cases

3 Transfers to Open Air Schools, and 1 pending

1 Old Age Pensioner, no abode—transferred to institution.

1. All Gastrics and special diets; kept under supervision unless otherwise indicated.
2. Discharges of children and after-care required were notified to the Divisional Medical Officers.
3. Complete liaison established with Home Nursing Service—in one particular and unusual case 2 Home Nurses were invited to hospital, introduced to the Ward Sister, also the patient, and case nursing, etc., discussed, thus ensuring continuance of hospital treatment, and suitable adaptations in patients' own home.
4. Family of 4 children placed in Residential Schools and Nursery, to hasten mother's admission to hospital for Mastectomy.
5. Special Departments contacted, and problems dealt with.
6. Wards visited thrice weekly.

At the time of writing, arrangements have proceeded for this service to be extended to other areas and also a more comprehensive system of notification has been installed to maintain the essential link between the general family practitioner, the hospital, and the Local Health Authority.

(ii) **Tuberculosis After-Care.** The Chief Consultant Tuberculosis Officer for this Division, Dr. E. Ratner, has two clinics available for use at the present moment, one situate in Market Street, Mexborough, and the other in Goldthorpe Road, Goldthorpe. The Tuberculosis Health Visitors carry out the necessary home visitations, clinical duties, etc., and I am pleased to report on the excellent co-ordination of this service between Dr. Ratner, the Tuberculosis Health Visitors and myself. As a result of housing investigations a number of notified priority domiciliary cases have been rehoused during the year, through the respective District Councils, whilst nursing equipment, e.g., air-rings, sputum cups for domiciliary cases, and garden chalets have been provided for patients in the District.

Provision of Extra Nourishment. During the year the scheme for the provision of extra nourishment for Tuberculosis patients was taken over by this Division. Two pints of milk per day are supplied to these patients free of charge, consequent upon the recommendation of the Consultant Tuberculosis Officer, and on 31st December, 1949, 29 patients were in receipt of this assistance.

Mass Radiography Survey.

As envisaged in my 1948 report, arrangements were made for the Mass Radiography Unit at Sheffield to conduct a public survey in the Area, and they were eventually accommodated at the Child Welfare Centre, Mexborough. The survey was an outstanding success, and 5,500 miniature films were taken. The following Tables are a synopsis of the result. It is hoped that a follow-up survey of a similar nature may be performed in the course of the next two or three years :—

Summary of Operations—Mass Radiography Survey held at the Divisional Health Office (W.R.C.C.) Mexborough—9th September to 7th October, 1949.

Attendances for :				Male	Female	Total
35 mm. film examination						
General Public examinees	...	...	...	1152	1367	2519
Local firms and factories, etc.	...	...	...	346	836	1182
Mexborough Area schools	...	...	...	380	305	685
Barnsley Girls' High School	...	...	...	—	544	544
School (teaching) staffs	...	...	...	75	189	264
School canteen etc., staffs	...	...	...	—	125	125
Miners' Hostel, Mexborough	...	...	...	128	—	128
Total				2081	3366	5447
Large Film recall	...	...	...	137	162	299
Clinical Interview	...	...	...	86	87	173
Total attendances				2304	3615	5919
Tuberculosis suspect cases referred to :—						
Mexborough Chest Clinic	...	...	...	18	13	31
Doncaster Chest Clinic	...	...	...	9	5	14
Rotherham Chest Clinic	...	...	...	1	—	1
Barnsley Chest Clinic	...	...	...	—	4	4
West Riding County M.O.	...	...	...	—	2	2
Examinees' own doctor	...	...	...	1	—	1
"Known Case" to Mexborough Chest Clinic	...	...	...	1	—	1
Non-tuberculosis cases referred to examinees' own doctor	...	...	...	44	53	97

Analysis of Cases of Suspected Tuberculosis.

			Male	Female	Total
1. Significant Lesions	...	...	27	21	48
A. Treatment Cases	...	...	10	10	20
B. Observation Cases	...	...	17	11	28
2. Re X-Ray only					
at 3, 6, or 12 months	...	...	3	3	6

Number of significant cases obtained in various examination groups.

				Male	Female	Total
General Public (Open Sessions)	...	...		15	10	25
Factory, Office, etc.	...	...	...	2	6	8
Miners' Hostel	...	...	...	8	—	8
Schools	...	...	...	2	5	7

Miners' Hostel, Adwick Road, Mexborough.

Treatment cases	...	...	...	2
Observation cases	...	...	...	6
Re-check cases	...	...	...	1

Cases of Suspected Pneumoconiosis.

16 cases of suspected pneumoconiosis (all in Coal Miners or Ex-Miners) were discovered.

(6) DOMESTIC HELP SERVICE :

In this mining area, with only a slight amount of light industry using female labour, there is an almost untapped pool of female labour that could be employed in this Service. In addition in this Area, there are poor social circumstances, and the feeling is that confinements are probably best carried out in the home.

Thus 105 cases of the 252 in which Home Helps were used were domiciliary confinements. The next important use was for the pre-eclamptic expectant mother, and I am very satisfied that the use of the Home Helps in 22 such cases has been of great medical value, and diminished the incidence of a premature labour.

There would appear, in the future, to be more need for younger able-bodied women to be enrolled in the Home Help Service, in order to care for aged cases, and perhaps some increase in middle-aged and elderly women to work in households where there are young children.

Some attempt has been made, by example, in method and cleanliness to improve the standards in the homes in which the Help is employed.

No bar has been put upon the dirty nature of homes, and Home Helps have even been put into Nissen Huts. In those cases where a Home Help has been put into the home of an aged person, a return of morale and pride in the home has frequently been observed in the aged occupant.

I am, however, constantly disturbed by the fact that there are so many cases where there are no friends and relatives available to help out those in difficulty.

I append below a Table which details the number of Domestic Helps employed and the number of cases provided with assistance during the year ended 31st December, 1949 :—

(a) Number of Domestic Helps employed at 31st December :—

(i) Whole Time	...	...	...	...	...	Nil
(ii) Part Time	...	...	...	...	...	36

(b) Number of cases provided with Domestic Helps during year ended 31st December, and classification of such cases, i.e., reason for provision :—

(i) Ill	...	...	...	...	...	90
(ii) Lying-in	...	...	...	...	...	105
(iii) Expectant mothers	...	...	...	...	...	22
(iv) Mentally defective	...	...	...	...	...	Nil
(v) Aged	...	...	...	...	...	27
(vi) Children of school age	...	...	...	...	...	8
Total						<hr/> 252 <hr/>

(7) **SCHOOL HEALTH SERVICE :**

The two Assistant County Medical Officers, Dr. B. R. A. Demaine and Dr. H. F. Lindsay, had an extremely busy year, as will be seen on examination of the number of inspections carried out during the year ending 31st December, 1949.

The arrears due to war and post war conditions have now been overtaken and during the year all the schools in the area were fully inspected. On the whole the health of the school children in the Division is fairly good.

Dr. H. F. Lindsay attended a course on Educationally Sub-Normal and Mentally Defective Children, and this has proved very useful both to the doctor and to the Division as a whole. Both Assistant County Medical Officers are thus now qualified to deal with this type of case and can follow each case through to its ultimate destination.

Dr. C. C. Harvey's Paediatric Clinics have been both very interesting and instructive, and together with the attendance of both doctors at the Sheffield Children's Hospital, are keeping the School Medical Officers up to date with the new thoughts and methods in Paediatrics.

During the year approximately 12 final year pre-nursing students from the Schofield Technical College, Mexborough, have attended our clinics each week, as Clinical Assistants. This training is of great help to them and also to us, and may assure the supply during the next ten years of Health Visitors, School Nurses, and Home Nurses.

I set out below details of the two Assistant County Medical Officer's reports on the year's working, together with the number of Inspections carried out during the year 1949 :—

Number of Inspections during 1949 :—

Entrants	...	...	...	...	...	...	...	1130
Second Age Group	...	...	...	...	...	...	...	1734
Third Age Group	...	...	...	...	...	...	...	1137
								<hr/> 4001 <hr/>

Number of Other Inspections :—

Number of Special Inspections	165
Number of Re-Inspections	...	...	...	...	...	2534
						<hr/> 2699 <hr/>

Pupils found to require Treatment :—

Entrants	...	...	...	...	...	...	...	223
Second Age Group	...	...	...	...	...	...	...	403
Third Age Group	...	...	...	...	...	...	...	368
								<hr/>
								994

**Classification of General Conditions of Pupils
Inspected during the Year 1949.**

	A Good	B Fair	C Poor
Entrants ...	651	467	12
Second Age Group	714	951	69
Third Age Group	524	582	31
TOTAL ...	1889	2000	112

Assistant County Medical Officer's Reports :—

(a) Dr. Helen F. Lindsay reports as follows:—

The chief ailments in school children seem to be respiratory in nature, no doubt due to the air pollution in this industrial area. There appears to be a large percentage of children with greatly hypertrophied tonsils, and many of the younger children especially suffer from frequent attacks of bronchitis. We also have a number of cases of bronchiectasis. There are many children with palpable cervical glands. Among the second inspection group there are many children with slight rickety deformity of the legs; this is much less marked among the children entering schools, showing the benefits derived from the regular supply of milk, cod liver oil, and orange juice.

There are relatively few cases of marked deformity in the Area. What few we have are kept under regular supervision and are supplied with any necessary appliance. The school dinners and milk and cod liver oil given in the school are all playing their part in building up the health of the children in the Division. The provision of cod liver oil (or halibut liver oil) in capsule form should help considerably, for the difficulty of administering pure cod liver oil in liquid form has been a deterrent in the past.

Apart from inspections at school, observation is kept on ailing children at the School Clinics, which are held weekly at each Child Welfare Centre. Here, also, treatment for minor ailments such as eye, ear, and skin conditions is carried out.

The Sun Ray Clinic at the Denaby Child Welfare Centre is of great benefit during the winter months especially to children who live in congested areas in the valley.

The Paediatric Clinic conducted by Dr. C. C. Harvey has been of great service. Cases which require a more extensive examination than is possible during a routine inspection at school are referred to this Clinic for thorough investigation. This has been most helpful in clearing up some of the more obscure cases.

(b) Immunisation in Schools.

There has been an increase in the amount of immunisation done in schools, and there should be more time available for this in the future. Many mothers prefer to have their children immunised at school as they are less nervous when accompanied by their class mates. The lack of suitable accommodation in overcrowded schools hampers the carrying out of this work and is also an adverse factor to the medical inspections themselves.

(c) Course in London for ascertainment of M.D. and E.S.N. Children.

I am grateful for the opportunity of taking this course, it was most instructive and interesting. The organisation was good and a happy atmosphere prevailed. Opportunity was provided for

visiting different types of institutions where the care and education of these unfortunates could be seen at close quarters. Unfortunately at present there are so few facilities for children requiring special teaching either in special classes or special schools. With the increasing shortage of teachers the special facilities previously afforded in some schools have been reduced.

(d) **Problem of unclean Children and Infestations.**

The percentage of unclean children is small, there are few cases of scabies or other body infestations but the number of children with dirty heads has been far too high. The increase in the nursing staff has enabled an intensive clean-up. There is little co-operation from some of the mothers of these children, and this necessitates constant inspection in school by the nurses. The condition is always much worse after the long summer vacation. With the help of D.D.T. hair lotion there has been a big improvement during the recent month or two.

(e) **Nutritional standards.**

There has been a gradual step-up in both heights and weights, and this seems to be continuing.

(f) **Waiting List for T's and A's.**

The long waiting time before an appointment can be given is bringing this school service into disrepute. Parents find that the general practitioner gets his cases attended to much earlier.

(g) **Open Air School Cases.**

A stay in an open air school usually gives very definite results, but, if places were available, more lasting results would be gained by a longer stay, especially when the home conditions are poor. Too often children relapse after returning to overcrowded, unsuitable homes. As more houses are available, the parents of these children should be given a chance to improve their housing conditions before receiving them back from open air schools.

(h) **Spectacles.**

There seems to be an ever increasing number of children who require to wear glasses. The frames at present being supplied do not appear to be strong enough for school children, judging by the number being constantly broken, especially at the jointings.

Dr. B. R. A. Demaine reports as follows .—

(a) Each Department in my area had a routine inspection carried out in 1949. In addition to the routine groups, re-examination cases were seen and also specials. Reports were made on school premises where necessary.

Parents responded well in accompanying children to routine inspections, the response being best in the Infants' and Junior Mixed Departments.

Co-operation and help by the Head Teachers has been very satisfactory notwithstanding the lack of space and privacy in some of the older buildings and this lack of suitable accommodation in several schools necessitates longer time to carry out the work.

Inspection and examination of Mentally Handicapped children has been carried out in the period of school holidays, both in the homes and at the Clinics. It is more satisfactory to carry out the mental tests at a Centre, as the average child requiring examination comes from a home where there is overcrowding and it is impossible for either the child or the examiner to concentrate properly on the tests. Parents of these mentally handicapped children are gradually becoming more co-operative and the cases of active opposition are less frequently met.

(b) **Immunisation.**

The period between the Whitsuntide holidays and August Summer holidays was devoted to this. There was difficulty in getting the numbers for those awaiting their first course, and for those requiring refresher doses. Infants' schools were selected first. Those children who had not been previously immunised were given 3 doses of T.A.F. at fortnightly intervals, and refresher doses were given at the same time to those who had previously been immunised in infancy. As some of this work had to be done without the help of the School Nurses, the clerical work involved was completed during the summer holidays. After the holidays refresher doses were given in the Junior Schools and a few in Senior Schools when requested.

(c) **Infestation.**

Actual cases found at routine inspections are becoming fewer, owing to more frequent and more rigorous campaigns on the part of the School Nurses and Health Visitors. It is worse following the summer holidays.

(d) **Nutritional Standards.**

Worked out from the Tables very few cases of malnutrition are now seen, owing to canteen meals. The "C" child is usually small owing to some physical or psychological defect.

(e) **T's and A's.**

We tried to get priority by assessing each case represented on E.N.T.1. with a number, the most urgent cases getting 100 and others marked accordingly. Some of the most urgent have been treated but the persistent chronic cases of Otitis Media are a source of worry.

(f) **Open Air School.**

Ten cases have gone this year from this Division. The children benefit but sometimes relapse for a period after return as the routine of early bedtime and sufficient fresh air is often difficult to obtain.

(g) **School Attendance Officers.**

School Attendance Officers are co-operative and willing to help. They may be sometimes over zealous in cases where the child is already under the Family Doctor.

(h) **School Nurses and Clerical Staff.**

Appreciation is recorded of conscientious work put in by the School Nurses and Health Visitors, and the courtesy of the clerical staff.

(C) **DIVISIONAL MEDICAL OFFICERS' CONCLUSION ON THE SCHOOL HEALTH SERVICE.**

I am satisfied that a good start has been made, under the circumstances, since Divisionalisation, and this is in a great measure due to the sound clinical work consequent upon experience of both Dr. Barbara R. A. Demaine and Dr. Helen F. Lindsay.

The Ultra-Violet Ray Clinic referred to in the foregoing reports, and which is held at the Denaby Child Welfare Centre, is grossly overworked, and as reported under the heading "Child Welfare Centres" efforts are being made to obtain a further lamp for installation in the Mexborough Child Welfare Centre. This would alleviate the considerable strain at present imposed on the existing unit, and would mean less travelling for the Dearne Area patients.

Finally I would like to record that a great deal of help has been forthcoming during the year from the School Health Section at County Hall, Wakefield, and this assistance is much appreciated in solving the many and varied problems which arise in this Division.

COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE
PUBLIC HEALTH DEPT.

DIVISION No. 30

STILL BIRTH RATE

Comparative Graph showing Divisional rate
compared with England and Wales rate.



COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE

PUBLIC HEALTH DEPT.

DIVISION No. 30

INFANT MORTALITY

(Per 1,000 Related Live Births)



